

**Form 5**  
[See rule 20(2)]  
**Notice of change of name**

Note: All fields marked in \* are to be mandatorily filled.

1. \*LLPIN

2. (a) \*Name of the limited liability partnership   
(b) Address of the registered office of the limited liability partnership

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

\*Country

Phone  Fax

\*Email ID

3. \*Reasons/purpose for change of name

4. \*Service Request Number (SRN) of Form 1

5. \*Proposed name

6. \*Date of compliance of sub-rule (1) of rule 20   
(DD/MM/YYYY)

**Attachments**

- (i) Copy of the minutes of decision/resolution/consent of partners,
- (ii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any,

- (iii) If change is due to a direction received from the Central Government/ Registrar, then a copy of such direction,
- (iv) Optional attachment.

**Statement**

To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.

I  a designated partner of the LLP, am authorized to sign and submit this form.

To be digitally signed by designated partner   
DPIN

Date:

Place:

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of  (name of the LLP) and found them to be true and correct.

- Company Secretary in practice
- Chartered Accountant in practice
- Cost Accountant in practice

Digitally Signed

Certificate of Practice Number

Date:

Place:

Modify Check form Pre-scrutiny Submit

**For office use only:**

This e-Form is hereby registered

**Digital Signature of the authorizing officer**

Submit to BO