

**Form No. 1**

Rule 4 (II)

Filing Fee Rs. 3/-  
(Affix Court fee Stamp).**THE INDIAN PARTNERSHIP ACT, 1932**

Application for Registration of Firm by the Name

Presented of forward to the registrar of Firm and for filing by

We, the undersigned being the partners of the \*Firm,  
hereby apply for registration of the said firm and for that purpose supply the following particulars

in pursuance of section 58 of the Indian Partnership Act, 1932.

The firm name*		
Places of Business	(a)	Principal Place
	(b)	Other Places.
Name of partners in full	Date of joining the firm	Permanent address in full

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Duration of the firm

Station

Date

Signature of all partners of their specially  
authorised agents.

(\*) Here enter name of firm.

If any partner is a minor the fact whether he is entitled to the benefit of partnership should be set out herein.

P.T.O.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

I, \_\_\_\_\_ son of \_\_\_\_\_ years of  
age of \_\_\_\_\_ religion do hereby declare that the above  
statement is true and correct to the best of my knowledge and belief.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

Witness.

N.B :- This form must be signed by all partners or their agents specially authorised in this behalf in the presence of a witness who must be either Gazetted Officer, Advocate, Vakill, Magistrate or Registered Accountant.