

No.

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**FORM - I**  
**PART C4**

**APPLICATION FOR REGISTRATION OF FIRMS**

**(This format is to be filed with the Nodal Agencies for the purpose of obtaining Firm Registration)**

[Vide rule 3 of A.P. Partnership (Registration of Firms) Rules, 1951]

By the \* \_\_\_\_\_

Presented / forwarded to the Registrar of Firms filling by \_\_\_\_\_

We, the undersigned being the partner 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 \* \_\_\_\_\_

Nature of Business \_\_\_\_\_

Place of Business :

a) Principal Place

b) Other Places

Name of partner in Full*	Date of Joining the firm	Present address in full

DECLARATION OF THE FIRM

DECLARATION

i) We, solemnly and sincerely affirm and state that we, either individually or jointly are not involved directly in any activity which offend any rule of the Law or carrying out any business in contravention of any of the provisions of the state or Central Laws for the time being in force.

Station

Signature of the Partner of their Specially authorized agents

Date :

\* Here enter the Name of the Firm

\*\* If any partner is a minor, the fact whether he is entitled to the benefits of partnership should be set-out herein

**N.B. :** This Form must be signed by all partners or their agents specially authorized in this behalf in the presence of a witness or witnesses who must be either a Gazetted Officer, Advocate, Vakil, Honorary Magistrate or Registered Accountant of I.T.P.

DECLARATION

1. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Signature

Witness :

2. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Signature

Witness :

3. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Witness :

Signature

4. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Witness :

Signature

5. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Witness :

Signature

6. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Witness :

Signature

7. I. \_\_\_\_\_ S/W/of \_\_\_\_\_  
\_\_\_\_\_ years of age of \_\_\_\_\_ Religion \_\_\_\_\_

do here by declare that the above statement is true and correct to the best of my knowledge and belief.

Date :

Witness :

Signature

No.

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**FORM - I**  
**PART - C4**

**APPLICATION FOR REGISTRATION OF FIRMS**

**Fee Structure**

Amount to be paid : Rs. 100/- for each partner

Mode of payment : D.D. in favour of Registrar of Firms of the concerned District.

**Check Slip**

- |                          |                        |                          |
|--------------------------|------------------------|--------------------------|
| 1. Part C4 of Form-I     | 2 copies +             | <input type="checkbox"/> |
|                          | 1 copy to nodal agency |                          |
| 2. Partnership deed      | 2 copies               | <input type="checkbox"/> |
| 3. Details of fee paid : |                        |                          |

D.D.No.  Amount  Date

SIGNATURE OF THE APPLICANT