

FORM NO.1

THE PARTNERSHIP ACT, 1932

(Adopted by Pakistan Government)

Filing Fee Rs.100/-

Application for registration of firm by the name

NAME OF THE FIRM

Presented to the Registrar of Firms for filing by

NAME OF FILER/APPLICANT

We, the undersigned being the partners of the firm

NAME OF FIRM

hereby apply for registration of the said firm and, for that purpose supply the following particulars pursuant to Section 58 of the Partnership Act, 1932, as adopted by the Pakistan Government.

* The Firm's name:-

NAME OF FIRM

(a) Principal place Place of business

FIRM HEAD OFFICE ADDRESS

(b) Other places

BRANCH OFFICE ADDRESS IF ANY

Name of the Partners in full

Date of joining the firm

Permanent address in full

**1ST PARTNER NAME
CNIC**

**DATE OF
JOINING OF
THE FIRM**

**PERMANENT ADDRESS AS PER
CNIC CARD**

**2ND PARTNER NAME
CNIC**

**DATE OF
JOINING OF
THE FIRM**

**PERMANENT ADDRESS AS PER
CNIC CARD**

**FILL AS ABOVE IF MORE
THAN TWO PARTNERS**

**SAME
AS
ABOVE**

SAME AS ABOVE

Duration of the **AT WILL/SPECIFIC PERIOD (IF ANY)**

(How and when terminable)

**SIGNATURE OF ALL
PARTNERS BE AFFIXED HERE**

Station:- **NAME OF DISTRICT**

Date:- **APPLICATION SUBMISSION DATE**

Signature of the partners or
their specially authorized agents

* Here enter the name of the firm.

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

I, **NAME OF FIRST PARTNER** son of **FATHER/HUSBAND NAME** years of age, of **AGE** Year **RELIGION** religion do hereby declare that the above statement is true and correct to the best of my knowledge and belief.

1ST PARTNER SIGNATURE
Signature

Date **WITNESS STAMP & SIGNATURE**

Witness:- **WITNESS MUST BE GAZETTED OFFICER, MIGISTRATE, ATTORNEY, ADVOCATE, NOTARY PUBLIC**

I, **NAME OF SECOND PARTNER** Son of **FATHER/HUSBAND NAME** years of age, of **AGE** Years **RELIGION** religion do hereby declare that the above statement is true and correct to the best of my knowledge and belief.

2ND PARTNER SIGNATURE
Signature

Date **WITNESS STAMP & SIGNATURE**

Witness:- **WITNESS MUST BE GAZETTED OFFICER, MIGISTRATE, ATTORNEY, ADVOCATE, NOTARY PUBLIC**

I, _____ son of _____ years of age, of _____ Years Islam 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 _____ Years. Islam 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:-

FILL OTHERS IN SAME MANNER IF PARTNERS ARE MORE THAN TWO

USE ADDITIONAL SHEET IF REQUIRED

N.B.: This form must be signed by all partners or their specially authorized agents in this behalf in the presence of a witness or witnesses who must be either a Gazetted Officer, Advocate, Attorney, Pleader or Honorary Magistrate.