

**Annexure - 3**  
(on the letterhead of the Authorised person)

**DETAILS OF PARTNERS OF M/S. \_\_\_\_\_ (APPLICANT AUTHORISED PERSON'S  
NAME) AS ON \_\_\_\_\_**

No	Partners Name \$	Father's Name	Date of Birth	PAN No. #	Qualification	Residenti al Address	Contact / Mobile No.	Profit/Loss Sharing Ratio
1								
2								
3								
4								

**NOTES :**

\$ All initials to be expanded (full name to be indicated)

Place:

Signature of Partner of the Authorised Person

With Stamp of the Authorised Person

**CERTIFICATE**

This is to certify that the details of partners in M/s. \_\_\_\_\_ as given above, based on my/our scrutiny of the books of accounts, records and documents is true and correct to the best of my/our knowledge and as per information provided to my/our satisfaction.

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant/Company Secretary

Membership Number

Date: