**AP-5b**

**(For Firms/LLP)**

(On the letter head of Authorised Person)

Sharing Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of Authorised Person)* as on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*(date)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sr. no.** | **Name of the Partner** | **Capital in the Firm (Rs.)** | **Share in Profits** | **Share in Losses** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| Total |  |  | 100% | 100% |

**Partner: Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date:

Place:

Signature(s)

Name of Partner(s)

With Stamp of the Authorised Person

CERTIFICATE

This is to certify that the Capital and Sharing Pattern of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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. We confirm that there is no foreign holding in the said entity.

Date:

Place:

For (Name of Certifying Firm)

Name of the Partner/Proprietor

Chartered Accountant/Company Secretary Firm

Membership Number

UDIN: