

Questionnaire

Applicable for Partnership Formation
including GST Registration - Ver- 2019

About The Partnership Firm

Sl. No	Particulars	
1	Partnership Firm Name	
2	Name of Authorised Partner /AR ¹	
3	Capital of the Firm	
4	Mobile Number for OTP	
5	Email Address for OTP	
6	Detail Business Activity Note along with HSN/ SAC codes of the main product or services.	
7	Date of Commencement of Firm	
8	Duration of Firm	At-Will / For a Fixed period End date
9	Proposed Salary Details to Partners	
10	Interest on Capital	if any

Capital Ratio

Sl. No	Name of Partner	Whether working or sleeping	Capital Contribution (INR)	Profit / Loss Sharing Ratio (%)
1				
2				
3				
4				

Details of Principal Place of Business

1	Address	
2	State/ City with PIN Code	
3	Name of Owner of Premises	
4.	Proof of the Registered Address	<input type="checkbox"/> Electricity Bill <input type="checkbox"/> Property Tax Receipt <input type="checkbox"/> Sale Deed <input type="checkbox"/> Rent Agreement in the name of Prop. firm
	Have Additional Place of Business (if yes, give full detail) add separate sheet if required	

¹ Provide details of each partner and the authorized representative, if any along with their supporting documents.

Partner Sheet

**Details of all partners (Both Working Partner and Sleeping partner), an Authorised Representative.
Separate Sheet for Each Person**

1	Name of Partner	
2	Fathers Name	
3	Nationality	
4	Aadhar Number	
5	Pan Number	
6	Date of Birth	
7	Mobile Number	
8	Email Address	
9	Attach mandatory documents <input type="checkbox"/> Colour Photo - Two <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Pan card	Attach Residential Proof Documents <input type="checkbox"/> Voter ID card <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Bank Statement <input type="checkbox"/> Electricity Bill

Please attach a separate sheet for each partner

Any other Information

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