SPECIMEN OF UNDERTAKING OF CHANGE OF NAME/STATUS

(The affidavit would be on Rs.10/- stamp paper and attested by a First Class Magistrate/Oath Commissioner)

It is requested that I/we----------
Owner/Partner(S) of M/s----------

Address----------

Want to change the name/status of my/our firm to state that:

My/our previous firm M/s----------

Address----------

Has not been backlisted by any department and has no liability from any department/financial institution. If any, such liability is detected by any department/financial institution at any stage. I will be responsible for the same.

Reason(s) for change of name/status is----------

Dated: _____

Signature: _____

Name of Contractor:_____

Name of Partner(s):_____

I.D. Card NO._____

Permanent Address: _____

_____

_____