

Sharing Pattern (FOR PARTNERSHIP FIRM)
(ON FIRM'S LETTERHEAD)

Sr No.	Name	Capital in the Firm	Share In profits	Share in Losses
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total			100%	100%

Date:

Place:

Signature of Managing Partner(s)

Rubber Stamp:

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.

Date:

For (Name of Accounting Firm)

Place:

Name of Partner Chartered Accountant
Membership Number
Rubber Stamp