

NOTICE OF CHANGE OF MANAGER
(Section 44(5))

Document Folio

Name of Limited Liability Partnership

Category

Registered No.

*Full name

ID No./BRN

Full address

** Date of appointment

** Date on which partner ceased to hold office

**** Please attached proof of qualifications.**

Signature of Manager.....

Name of Manager

Date

Note:

Presented by:

Name:

Address :

.....

Reference:

(For office use)

Officer's Name:

.....

Sig:

Date:

Sheet of
(for office use)