

आईसीएसआई का सदस्य नहीं है अपना आयकर पैन दे सकता है) या सीदाभा प्रशासक का आयकर पैन या भागीदार का डीपीआईएन/आयकर पैन/पासपोर्ट संख्या

प्रमाण-पत्र

एतद्वारा यह प्रमाणित किया जाता है कि मैंने उपरोक्त विवरण (संलग्नक सहित) को के अभिलेख से सत्यापित कर लिया है और उन्हें सही एवं सत्य पाया है। आगे, मैं यह प्रमाणित करता हूँ कि सभी अपेक्षित संलग्नक इस प्ररूप के साथ पूर्ण रूप में लगाए गए हैं।

○ चार्टर्ड अकाउंटेंट (पूर्णकालिक) या ○ लागत लेखाकार (पूर्णकालिक) या

○ कंपनी सचिव (पूर्णकालिक)

*क्या साझेदार या सदस्य है ○ साझेदार ○ सदस्य

*प्रैक्टिस संख्या या सदस्यता संख्या का प्रमाण-पत्र

संशोधन करें

प्ररूप चेक करें

पूर्व संवीक्षा

इस प्ररूप पर प्राधिकर्ता अधिकारी के हस्ताक्षर अपेक्षित नहीं है क्योंकि यह पहले से दायर किए गए ई-प्ररूप के संबंध में ही दायर किया जा रहा है।

[फा. सं. 1/1/2011-सीएल-V]

रेणुका कुमार, संयुक्त सचिव

टिप्पण : मूल नियम सा.का.नि. 229(अ) तारीख 1 अप्रैल, 2009 द्वारा प्रकाशित किए गए थे एवं सा.का.नि. 796(अ) तारीख 4 नवंबर, 2011 द्वारा अंतिम संशोधन किया गया था।

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 5th June, 2012

G.S.R. 430(E).— In exercise of the powers conferred by sub-section (1) of section 79 of the Limited Liability Partnership Act, 2008 (6 of 2009), the Central Government hereby makes the following rules further to amend the Limited Liability Partnership Rules, 2009 namely:-

1. (1) These rules may be called the Limited Liability Partnership (Amendment) Rules, 2012.

(2) They shall come into force with effect from 11th June, 2012.

2. In the Limited Liability Partnership Rules, 2009 (hereinafter referred to as the said rules), after rule 8, the following proviso shall be inserted, namely:-
 "Provided that in case of incorporation, the individual who has given consent to act as partner or designated partner shall file consent in Form-2 along with fee as mentioned in annexure-A."
3. in the said rules, in rule 18, in sub-rule (2) –
 - (a) in clause (ix), the following proviso shall be inserted, namely:-
 'Provided that the name shall be reserved, in case the "No Objection Certificate" is granted by the registered Limited Liability Partnership or company, as the case may be.';
 - (b) for clause (xiii), the following clause shall be substituted, namely:-
 " (xiii) it includes words like 'Bank', 'Insurance', and 'Banking', 'Venture capital' or 'mutual fund' or business activity includes the words like 'Bank', 'Insurance', and 'Banking', 'Venture capital' or 'mutual fund' or such similar names without the approval of regulatory authority :
 Provided that the approval of regulatory authority shall be obtained at the time of application for incorporation or change of name of an existing Limited Liability Partnership, as the case may be.";
 - (c) in clause (xvi), the following proviso shall be inserted, namely:-
 "Provided that the approval of the council governing the profession shall be obtained at the time of application for incorporation or change of name of an existing Limited Liability Partnership, as the case may be."
4. In Annexure 'A' of the said rules,-
 - (a) after para 3, the following para shall be inserted, namely:-
**"3A. For filing, registering or recording
 notice of appointment, cessation, change in name,
 address, designation of a partner or
 designated partner, intimation of Designated
 Partner Identification Number
 and consent to become a partner or
 designated partner in Form 4. Rs. 50" ;**
 - (b) in para 4, after item (e), the following item shall be inserted, namely :-
**"(f) An application for striking off name
 of defunct Limited Liability Partnership
 under rule 37 Rs. 500 " .**
5. In the said rules, for Forms 1 to 31, the following forms shall be substituted, namely:-

LLP FORM NO. 1

[Pursuant to section 71 of Limited Liability Partnership Act and rule 18(5) of Limited Liability Partnership Rules, 2009]

Application for reservation or change of name

Note - All fields marked in * are to be mandatorily filled.

1. *Application filed for ☐ Incorporating a new Limited Liability Partnership (LLP)
☐ Changing the name of an existing Limited Liability Partnership (LLP)

Part A: Reservation of name**2. Details of applicant**

(a) * Whether applicant is an ☐ Individual as partner ☐ Nominee of a body corporate

(b) * Designated partner identification number (DPIN)

Pre-Fill

(c) Name of the applicant

(d) Present residential address

(e) Phone

(f) Mobile

(g) Fax

(h) e-mail ID

(i) *Occupation

3. Details of two proposed Designated Partners (Atleast one of them should be a resident in India)

1. *Whether designated partner is an ☐ Individual as Partner ☐ Nominee of a body corporate

* DPIN

Pre-Fill

Name of the designated partner

Whether resident of India

☐ Yes ☐ No

In case of nominee of a body corporate:

Type of body corporate

Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

Pre-Fill

Name of the body corporate

Date of resolution authorising the nominee

(DD/MM/YYYY)

II. *Whether designated partner is an ☐ Individual as Partner ☐ Nominee of a body corporate

*DPIN

Name of the designated partner

Whether resident of India ☐ Yes ☐ No

In case of nominee of a body corporate:

Type of body corporate

CIN or FCRN or LLPIN or FLLPIN or any other identification number

Name of the body corporate

Date of resolution authorising the nominee (DD/MM/YYYY)

4. *Name of the state in which the registered office of the proposed LLP is to be situated

5. *Name of the office of Registrar in which the proposed LLP is to be registered

6. *Whether the application is for conversion of firm or private company or unlisted public company into LLP ☐ Yes ☐ No
If Yes, state purpose ☐ Conversion of firm ☐ Conversion of private company / Unlisted public company

(I) In case of conversion of firm, enter the following details

(i) Name of the firm

(ii) Whether the firm is registered ☐ Yes ☐ No
If Yes, enter the following details:

Name of the Statute/law under which firm is registered

Name of the state in which firm is registered

Date of registration (DD/MM/YYYY)

Registration number

(II) In case of conversion of private company or unlisted public company, enter the following details

CIN of the company

Name of the company

7. *Description of proposed business activity (The under-mentioned business activities will be prefilled in Form 2. Also, note that if the business activities consists of banking, insurance, venture capital, mutual fund, stock exchange, asset management, architect, architecture, merchant banking, securitization and reconstruction, chit fund and non banking financial activities, a copy of the in-principle approval of the regulatory authority should be attached with Form 2)

8. *Proposed monetary value of partners' contribution (in ₹) in figure

(in words)

Part B: In case of change of name

9. *LLPIN

Pre-Fill

10.(a) Name of the LLP

(b) Address of the registered office of the LLP

(c) *e-mail ID

11. *Whether change in name is due to change in business of the LLP ☐ Yes ☐ No

If Yes, mention new/ changed business of the LLP

If No, give other reasons for change of name

12. *Whether change in name is
- ☐ based on the procedure laid down in the LLP agreement
- ☐ with consent of requisite partners
- ☐ based on the direction from Central Government

Part C: Details regarding reservation of name or change of existing name of LLP

13. Proposed name of the LLP (Please give 6 names in order of preference) (Please note that if the name includes banking, insurance, venture capital, mutual fund, stock exchange, Chartered Accountant, Company Secretary, Cost Accountant, Advocate, CA, CS, CWA, asset management, non banking financial, architect, merchant bankers, chit fund, securitization and reconstruction etc, a copy of the in-principle approval of the regulatory authority or council governing concerned profession should be attached with Form 2)

- (a).
- (b).
- (c).
- (d).
- (e).
- (f).

14. State the significance of the key or coined word(s), if any, in the proposed name(s) (in brief)

- (a).
- (b).
- (c).
- (d).

(e)

(f)

15(a). * Whether the proposed name(s) is/ are based on a registered trade mark or is the subject matter of an application pending for registration under the trade marks Act ☐ Yes ☐ No

(b) If yes, furnish particulars of trade mark or application

Attachments

1. In case of change of name of an existing limited liability partnership, certified copy of extracts of relevant LLP agreement/ certified copy of decision/ consent of requisite partners
2. Copy of Trade Mark Registration/ acknowledgement of application for Trade Mark Registration/ authorisation to use Trade Mark.
3. If change is due to a direction received from the Central Government, then a copy of such direction
4. Copy of approval from the competent authority in case of collaboration and connection with the foreign country or place
5. Copy of Board resolution of the existing company or consent of existing LLP as a proof of no objection
6. Copy of approval from Central Government as a proof of no objection
7. Optional attachment(s) - if any

List of attachments

Verification

☐ To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete. I further confirm that the proposed name is not undesirable, identical or too nearly resembles to that of any other partnership firm or limited liability partnership or body corporate or a registered trade mark or a trade mark which is subject of an application for registration of any other person under the Trade Marks Act, 1999.

☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008 and rules framed thereunder and

☐ I am a proposed subscriber to the Incorporation Document

☐ I have been authorised by

(firm/ body corporate) to sign and submit this application.

☐ I have been authorised by the Limited Liability Partnership to sign and submit this application.

To be digitally signed by

Designated partner

*DPIN of the designated partner

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 2

[Pursuant to rule 8 and rule 11 of Limited Liability Partnership Rules, 2009]

**Incorporation Document and
Subscriber's Statement**

Note – All fields marked in * are to be mandatorily filled.

Part A: Incorporation document

1. *Indicate Registrar's reference number for name approval
(Service Request Number (SRN) of Form 1)

Pre-Fill

2. Name of Limited Liability Partnership (LLP)

3. State in which the registered office of the LLP is to be situated

4. Name of the office of Registrar in which the proposed LLP is to be registered

5. *Address of registered office of the LLP

*Line I

Line II

*City *District

State *PIN Code

Country

ISO country code *Phone Fax

*e-mail ID

6. Business activities to be carried out by the LLP on incorporation

(Note: In case business activities consists of banking, insurance, venture capital, mutual fund, stock exchange, asset management, architect, architecture, merchant banking, securitization and reconstruction, chit fund and non banking financial activities, a copy of the in-principle approval of the regulatory authority should be attached)

7. *Based on business activities, main division of industrial activity of the LLP as per NIC-2004

Description of main division of industrial activity

- 8 (a). *Total number of designated partners

- (b). *Total number of partners

9. *Number of individual designated partner(s) for which this form is being filed

I. Details in respect of individuals as designated partners

(a) *Designated partner identification number (DPIN)

Pre-Fill

(b) Name

(c) Father's Name

(d) Nationality

(e) Whether resident of India

☐

Yes

☐

No

(f) Date of Birth

(DD/MM/YYYY)

(g) *Occupation

(h) Present residential address

(i) In case of company seeking conversion -

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(j) *Form of contribution

(k) *Monetary value of contribution (in ₹)

(in words)

(l) *Number of LLP(s) in which he/ she is a partner

(m) *Number of company(s) in which he/ she is a director

10. *Number of bodies corporate as designated partner(s) for which this form is being filed

I. Details in respect of bodies corporate as designated partners and their nominees

(a) *Type of body corporate

(b) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

Pre-Fill

(c) *Name of body corporate

(d) *Country where registered

(e) *Full address of the registered office or principal place of business in India

ISO country code

Phone

Fax

*e-mail ID

(f) In case of company seeking conversion

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(g) *Form of contribution

(h) *Monetary value of contribution (in ₹)

(in words)

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) *DPIN

Pre-Fill

(ii) Name

(iii) Father's Name

(iv) Present residential address

(v) Nationality

(vi) Whether resident of India ☐ Yes ☐ No

(vii) Date of Birth

(DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority in body corporate

11. *Number of individual partner(s) for which this form is being filed

I.

Details in respect of Individuals as partners(a) * ☐ Income tax permanent account number
(Income-tax PAN) or ☐ Passport number or ☐ DPIN

Verify Income-tax PAN/ Pre-Fill

(b) *Name of partner

(c) *Father's Name

(d) *Nationality

(e) *Whether resident in India ☐ Yes ☐ No

(f) *Date of Birth

(DD/MM/YYYY)

(g) *Occupation

(h) *Permanent Residential Address

*Line I

Line II

*City

*District

*State

*Pin code

ISO country code

*Country

(i) *Whether present residential address is same as the permanent residential address

☐ Yes☐ No

(j) If no, present residential address:

*Line I

Line II

*City

*District

*State

*Pin code

*Country

ISO country code

Phone

Fax

Mobile

*e-mail ID

(k) In case of company seeking conversion

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(l) *Form of contribution

(m) *Monetary value of
contribution (in ₹)

(in words)

(n) *Number of LLP(s) in which he/ she is a partner

(o) *Number of company(s) in which he/ she is a director

12. *Number of bodies corporate as partner(s) for which this form is being filed

Details in respect of bodies corporate as partners and their nominees

(a) *Type of body corporate			
(b) *CIN or FCRN or LLPIN or FLLPIN or any other identification number		Pre-Fill	
(c) *Name of body corporate			
(d) *Country where registered			
(e) *Full address of registered office or principal place of business in India			
ISO country code	Phone	Fax	
*e-mail ID			
(f) in case of company seeking conversion			
(a) Number of shares held		(b) Paid up value of shares held (in ₹)	
(g) *Form of contribution			
(h) *Monetary value of contribution (in ₹)			
(in words)			
(i) Name and particulars of the person signing on behalf of the body corporate as nominee			
(i) * ☐ Income-tax PAN or ☐ Passport number or ☐ DPIN		Verify Income-tax PAN/ Pre-Fill	
(ii) *Name of partner			
(iii) *Father's Name			
(iv) *Nationality		(v) *Whether resident in India	☐ Yes ☐ No
(vi) *Date of Birth		(DD/MM/YYYY)	
(vii) *Occupation			
(viii) *Designation & Authority in body corporate			
(ix) *Permanent residential address	*Line I		
	Line II		
*City		*District	
*State		*Pin code	ISO country code
*Country			
(x) *Whether present residential address is same as the permanent residential address	☐ Yes ☐ No		
(xi) If no, present address	*Line I		
	Line II		
*City		*District	
*State		*Pin code	ISO country code
*Country			
Phone		Fax	Mobile
*e-mail ID			

13. *Total monetary value of contribution by partners in the LLP

(in ₹) (in figures)

(in words)

14. *Whether addendum to eForm 2 is required to be filed (refer instruction kit for details)

☐ Yes☐ No

15. We, the several partners whose names are subscribed below, are desirous of being formed into a LLP for carrying on a lawful business with a view to earn profit and have entered or agreed to enter into a LLP agreement in writing.

We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated against our respective names.

We hereby give our consent to become a partner/ designated partner/ nominee/ nominee & designated partner of the LLP pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008.

(Attach details in respect of names of partners/ nominees/ witnesses and their signatures in the below format as Subscribers' sheet attachment)

Name of each partner/ designated partner/ nominee/ nominee & designated partner	Designation (Designated Partner/ Partner/ nominee/ nominee & designated partner)	Signature of partner/ designated partner/ nominee/ nominee & designated partner	Name, address and profession (along with professional membership number) of witness	Signature of witness

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

- Where the appointed partner is a body corporate, copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorisation of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/ designated partner on its behalf
- *Proof of address of registered office of LLP
- *Subscribers' sheet including consent
- In principle approval of regulatory authority, if required
- Detail of LLP(s) and/ or company(s) in which partner/ designated partner is a director/ partner
- Optional attachment(s) - if any

List of attachments

Attach

Attach

Attach

Attach

Attach

Attach

Remove attachment

Part B: Statement**Statement by a person who subscribed his name to the incorporation document**

I, the designated partner of the LLP do state that

- (i) I am a person named in the incorporation document as a designated partner/ partner of the limited liability partnership;
- (ii) the designated partner(s)/ partner(s) have given their prior consent to act as designated partner(s)/ partner(s);
- (iii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;
- (iv) I make this statement conscientiously believing the same to be true.

To be digitally signed
by a designated partner

*DPIN of the designated partner

***Statement by an Advocate/ Company Secretary/ Chartered Accountant/ Cost Accountant in practice**

I

☐ Son ☐ Daughter of

do state that

- (i) I am
- ☐ Advocate
 - ☐ Company Secretary in whole time practice
 - ☐ Chartered Accountant in whole time practice
 - ☐ Cost Accountant in whole time practice

engaged in the formation of the limited liability partnership and my membership number or certificate of practice number with

(name of regulatory body) is

(certificate of practice number in case of company secretary/ membership number in all other cases)

- (ii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;

(iii) I make this statement conscientiously believing the same to be true.

Whether associate or fellow

☐

Associate

☐

Fellow

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signatures of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)

Addendum to LLP Form 2

Details in respect of designated partners and partners of Limited Liability Partnership

Note – All fields marked in * are to be mandatorily filled.

Part A: Incorporation document

1. (a) *Indicate Registrar's reference number for name approval

(Service Request Number (SRN) of Form 1)

(b) *SRN of Form 2

Pre-Fill

2. Name of Limited Liability Partnership (LLP)

3 *Number of individual designated partner(s) for which this form is being filed

I. Details in respect of individuals as designated partners

(a) *Designated partner

identification number (DPIN)

Pre-Fill

(b) Name

(c) Father's Name

(d) Nationality

(e) Whether resident of India

☐

Yes

☐

No

(f) Date of Birth

(DD/MM/YYYY)

(g) *Occupation

(h) Present residential address

(i) In case of company seeking conversion

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(j) *Form of contribution

(k) *Monetary value of contribution (in ₹)

(in words)

(l) *Number of LLP(s) in which he/ she is a partner

(m) *Number of company(s) in which he/ she is a director

4. *Number of bodies corporate as designated partner(s) for which this form is being filed

Details in respect of bodies corporate as designated partners and their nominees

(a) *Type of body corporate

(b) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

Pre-Fill

(c) *Name of body corporate

(d) *Country where registered

(e) *Full address of the registered office or principal place of business in India

ISO country code

Phone

Fax

* e-mail ID

(f) In case of company seeking conversion

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(g) *Form of contribution

(h) *Monetary value of contribution (in ₹)

(in words)

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) *DPIN

Pre-Fill

(ii) Name

(iii) Father's Name

(iv) Present residential address

(v) Nationality

(vi) Whether resident of India

☐ Yes☐ No

(vii) Date of Birth

(DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority

5 *Number of individual partner(s) for which this form is being filed

I. Details in respect of individuals as partners

(a) * ☐ Income tax permanent account number
(Income-tax PAN) or ☐ Passport number or ☐ DPIN

Verify Income-tax PAN/ Pre-Filled

(b) *Name of partner

(c) *Father's Name

(d) *Nationality

(e) *Whether resident in India ☐ Yes ☐ No

(f) *Date of Birth (DD/MM/YYYY)

(g) *Occupation

(h) *Permanent Residential Address

*Line I

Line II

*City

*District

*State

*Pin code

ISO country code

*Country

(i) *Whether present residential address is same as the permanent residential address ☐ Yes ☐ No

(j) If no, present residential address

*Line I

Line II

*City

*District

*State

*Pin code

*Country

ISO country code

Phone

Fax

Mobile

*e-mail ID

(k) In case of company seeking conversion

(i) Number of shares held

(ii) Paid up value of shares held (in ₹)

(l) *Form of contribution

(m) *Monetary value of
contribution (in ₹)

(in words)

(n) *Number of LLP(s) in which he/ she is a partner

(o) *Number of company(s) in which he/ she is a director

6 *Number of bodies corporate as partner(s) for which this form is being filed

I. Details in respect of bodies corporate as partners and their nominees

(a) *Type of body corporate			
(b) *CIN or FCRN or LLPIN or FLLPIN or any other identification number			Pre-Fill
(c) *Name of body corporate			
(d) *Country where registered			
(e) *Full address of registered office or principal place of business in India			
ISO country code		Phone	
		Fax	
*e-mail ID			
(f) In case of company seeking conversion			
(a) Number of shares held		(b) Paid up value of shares held (in ₹)	
(g) *Form of contribution			
(h) *Monetary value of contribution (in ₹)			
(in words)			
(i) Name and particulars of the person signing on behalf of the body corporate as nominee			
(i) ☐ Income-tax PAN or ☐ Passport number or ☐ DPIN			Verify Income-tax PAN/ Pre-Fill
(ii) *Name of partner			
(iii) *Father's Name			
(iv) *Nationality		(v) *Whether resident in India ☐ Yes ☐ No	
(vi) *Date of Birth		(DD/MM/YYYY)	
(vii) *Occupation			
(viii) *Designation & Authority			
(ix) *Permanent residential address	*Line I		
	*Line II		
*City		*District	
*State		*Pin code	
		ISO country code	
*Country			
(x) *Whether present residential address is same as the permanent residential address			
(xi) If no, present address	*Line I		
	*Line II		
*City		*District	
*State		*Pin code	
		ISO country code	
*Country			
Phone		Fax	
		Mobile	
*e-mail ID			

7. Whether another addendum to eForm 2 is required to be filed (refer instruction kit for details)

☐ Yes

☐ No

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

- Where the appointed partner is a body corporate, copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorisation of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/ designated partner on its behalf.
- 'Subscribers' sheet including consent
- Detail of LLP(s) and/ or company(s) in which partner/ designated partner is a director/ partner
- Optional attachment(s) - if any

List of attachments

Part B: Statement

Statement by a person who subscribed his name to the incorporation document

I, the designated partner of the LLP do state that

- I am a person named in the incorporation document as a designated partner/ partner of the limited liability partnership;
- the designated partner(s)/ partner(s) have given their prior consent to act as designated partner(s)/ partner(s);
- all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;
- I make this statement conscientiously believing the same to be true.

To be digitally signed
by a designated partner

*DPIN of the designated partner

***Statement by an Advocate/ Company Secretary/ Chartered Accountant/ Cost Accountant in practice**I ☐ Son ☐ Daughter of

do state that

- (i) I am, ☐ Advocate
☐ Company Secretary in whole time practice
☐ Chartered Accountant in whole time practice
☐ Cost Accountant in whole time practice

engaged in the formation of the limited liability partnership and my membership number or certificate of practice number with

(name of regulatory body) is

(certificate of practice number in case of company secretary/ membership number in all other cases)

(ii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;

(iii) I make this statement conscientiously believing the same to be true.

Whether associate or fellow

☐ Associate ☐ Fellow **For office use only:**eForm Service request number (SRN) eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officerThis e-Form is hereby approved This e-Form is hereby rejected Date of signing

(DD/MM/YYYY)

LLP FORM NO. 3**Information with regard to Limited Liability Partnership Agreement and changes, if any, made therein****[Pursuant to rule 21(1) & (2) of Limited Liability Partnership Rules, 2009]****Note - All fields marked in * are to be mandatorily filled.**

1. Form filed for ☐ Filing information with regard to initial LLP Agreement
☐ Filing information with regard to changes in LLP Agreement

2. Limited Liability Partnership Identification Number (LLPIN)

Pre-Fill

3. Name of the Limited Liability Partnership (LLP) 4(a) Address of registered office of the LLP (b) e-mail ID **Part A- For filing information with regard to initial LLP Agreement**5 (i) *Place at which the initial Agreement is made (ii) *Date of Agreement

(DD/MM/YYYY)

(iii) Date of Ratification, in case initial Agreement was made prior to incorporation

(DD/MM/YYYY)

6. Business activities to be carried on by LLP on incorporation

7. *Obligation to contribute

(i) Total Number of partners as on the date of filing the Form

Pre-Fill

(ii) Details of each partner to contribute money or property or other benefit or to perform services and their profit sharing ratio

S. No.	DPIN/ Income-tax PAN/ Passport number	Name of Partner	Designation (Partner / Designated Partner)	Form of contribution	Monetary value of contribution	% of profit sharing

(iii) Total Monetary value of partner's contribution in the LLP (in ₹) (in figures) (iv) Service request number (SRN) of details updated through the screen (if applicable) 8. *Mutual Rights and Duties of Partners

9. *Restrictions, if any, on the partners' authority.

--

10. *Management and Administration of LLP

(i) Acts, matters or things, if any, which can be done only with the consent of all the partners/ consent of requisite number or percentage of partners

--

(ii) Procedure for calling, holding and conducting meetings (where the decisions are to be made at meetings of partners.)

--

11. *Details of indemnity clause, if any

--

12. *Details of agreement relating to

(a) admission of a new partner

--

(b) retirement of a partner

--

(c) cessation of a partner

--

(d) expulsion of a partner

--

(e) resignation of a partner

--

13. *Clause relating to resolution of disputes

(a) between the partners

--

(b) between the partner and the LLP

--

14. Information relating to duration of LLP, if any

--

15. *Information relating to voluntary winding up

--

16. *Information of clauses in the agreement

(a) relating to rule 16(2)

--

(b) relating to rule 17(1)

--

(c) relating to rule 20(1)

--

(d) relating to rule 24(18)(a)

--

17. Any other information or clause relating to the LLP Agreement not covered above

--

Part B- For filing information with regard to changes (addition, omission or alteration) in the LLP Agreement.

18. *Date of modification of the agreement

--

(DD/MM/YYYY)

19. *Whether change in agreement is on account of

- ☐ Change in business activities
- ☐ Change in partner(s)
- ☐ Change in partner's contribution and % of profit sharing
- ☐ Change in details pertaining to each field at serial number 8 to 17

20 (a). Description of business activities, after change

--

(b). Based on new/ changed business activities, enter main division of industrial activity of the LLP as per NIC-2004

--

(c) Description of main division of industrial activity

--

21.(a) Details of each partner's obligation to contribute money or property or other benefit or to perform services and their profit sharing ratio, after change in LLP agreement

Total number of existing designated partners and partners

--

Pre-Fill

Total number of designated partners and partners appointed

--

Type of change	DPIN/ Income-tax PAN/ Passport number	Name of Partner	Designation (DP/P)	Form of contribution	Monetary value of contribution	% of profit sharing
☐ Deletion ☐ Change ☐ No Change			☐ DP ☐ P			

(b) Details of designated partners and partners appointed

Pre-Fill All

Designation (DP/P)	DPIN/ Income-tax PAN/ Passport number	Name of Partner	Form of contribution	Monetary value of contribution	% of profit sharing
☐ DP ☐ P					

Note: In designation column, specify 'DP' in case of designated partner or 'P' in case of partner.

(c) SRN of details updated through the screen (if applicable)

--

(d) Total monetary value of contribution, after changes (in ₹)(in figures)

(i) Existing

--

(ii) Addition

--

(iii) Reduction

--

(iv) Total (i+ii-iii)

--

(v) Total (in words)

--

22. Change in details pertaining to each field at serial number 8 to 17 separately

--

Attachments

1. Initial LLP Agreement
2. Supplementary/ amended LLP agreement containing changes
3. Optional attachment(s) -if any

Attach

Attach

Attach

List of attachments

Remove attachment

Statement

I, the designated partner of the LLP do state that

- (i) I am a person named in the Incorporation Document as a designated partner/ I am a designated partner of the LLP;
- (ii) the particulars given above are in accordance with the initial LLP agreement/ subsequent agreement relating to change in the LLP agreement;
- (iii) the original copy of LLP Agreement will be produced whenever called for;
- (iv) in case of change in contribution, the fees payable to Registrar has been/ being paid;
- (v) I make this statement conscientiously believing the same to be true;
- (vi) I am authorised to sign this form.

To be digitally signed
by a designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or
 ☐ Cost accountant (in whole-time practice) or
 ☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrubity

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 4

**[Pursuant to rule 8, 10(8), 22(2) and 22(3) of
Limited Liability Partnership Rules, 2009]**

Notice of appointment, cessation, change in name/ address/ designation of a designated partner or partner and consent to become a partner/ designated partner

Note - All fields marked in * are to be mandatorily filled.

Notice of appointment, cessation, change in name/ address/ designation of a designated partner or partner

- | | |
|---|---|
| 1. *Limited Liability Partnership identification number (LLPIN)
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Pre-Fill</div> |
| 2. (a) Name of the Limited Liability Partnership (LLP)

(b) Address of registered office of the LLP

(c) *e-mail ID | <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 3(a). *Total number of designated partners* for whom this form (including addendum) is required to be filed

(b). *Total number of partners* for whom this form (including addendum) is required to be filed
(Refer instruction kit for details on filing the addendum form) | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| 4. *Number of individual designated partner(s) for which this form is being filed | <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| I. (a) *The form is being filed for <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>☐ Appointment</div> <div>☐ Cessation</div> <div>☐ Change in designation</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div>☐ Change in name</div> <div>☐ Change in address</div> </div> | |
| (b) *Date of Event <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> (DD/MM/YYYY) | |
| (c) Changed designation (Category) <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div> (refer instruction kit for details) | |
| (d) *In case of change in designation to Designated Partner, DPIN/ Income-tax PAN/ Passport number of partner <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div> | |
| (e) *Designated partner identification number (DPIN) <div style="border: 1px solid black; width: 250px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; padding: 2px; width: fit-content; float: right; margin-top: -20px;">Pre-Fill</div> | |
| (f) Name
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| (g) Father's Name
<div style="border: 1px solid black; height: 40px; width: 100%;"></div> | |
| (h)(i) Permanent residential address
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> | |
| (j) Present residential address
<div style="border: 1px solid black; height: 60px; width: 100%;"></div> | |
| (i) Nationality
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| (j) Whether resident of India ☐ Yes ☐ No (k) Date of Birth <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> (DD/MM/YYYY) | |
| (l) *Occupation
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| (m) *Number of LLP(s) in which he/ she is a partner <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | |
| (n) *Number of company(s) in which he/ she is a director <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | |

5. *Number of bodies corporate and their nominees as designated partners for which this form is being filed

I. (a) *The form is being filed for ☐ Appointment ☐ Change in nominee ☐ Change in designation
☐ Cessation ☐ Change in address of body corporate ☐ Change in name of body corporate
☐ Change in name of nominee ☐ Change in address of nominee

(b) *Date of Event (DD/MM/YYYY)

(c) *Type of body corporate

(d) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

(e) *Name of body corporate

(f) *Country where registered

(g) *Full address of the registered office or principal place of business in India
ISO country code Phone Fax
*e-mail ID

(h) Previous name, address of the body corporate

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) *DPIN

(ii) Name

(iii) Father's Name

(iv)(a) Permanent residential address

(b) Present residential address

(v) Nationality

(vi) Whether resident of India ☐ Yes ☐ No (vii) Date of Birth (DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority in body corporate

(x) Changed designation (Category) (refer instruction kit for details)

(xi) DPIN/ PAN/ Passport Number of the previous nominee

(xii) Name of the previous nominee

6. *Number of individual partner(s) for which this form is being filed

I.

- (a) *The form is being filed for ☐ Appointment ☐ Cessation ☐ Change in name of partner
☐ Change in designation ☐ Change in address

(b) *Date of Event (DD/MM/YYYY)

(c) * ☐ Income tax permanent account number
 (Income-tax PAN) or ☐ Passport number or ☐ DPIN

Verify Income-tax PAN/ Pre-Fill

(d) *Name of partner

(e) *Father's Name

(f) *Permanent Residential Address

Line I

Line II

*City

*District

*State

*Pin code

ISO country code

*Country

(g) *Whether present residential address is same as the permanent residential address ☐ Yes ☐ No

(h) If no, present residential address:

Line I

Line II

*City

*District

*State

*Pin code

*Country

ISO country code

Phone

Fax

Mobile

*e-mail ID

(i) Previous name/
previous address

(j) *Whether resident in India ☐ Yes ☐ No

(k) *Nationality

(l) *Date of Birth (DD/MM/YYYY)

(m) *Occupation

(n) Changed designation (Category)

(refer instruction kit for details)

(o) *Number of LLP(s) in which he/she is a partner

(p) *Number of company(s) in which he/she is a director

7. *Number of bodies corporate as partners and their nominees for which this form is being filed

I. (a) *The form is being filed for

- ☐ Appointment
 ☐ Cessation
 ☐ Change in nominee
 ☐ Change in designation
☐ Change in address of body corporate
 ☐ Change in name of nominee
 ☐ Change in name of body corporate
☐ Change in address of nominee

(b) *Date of Event (DD/MM/YYYY)(c) *Type of body corporate (d) *CIN or FCRN or LLPIN or FLLPIN or any other identification number

Pre-Fill

(e) *Name of the body corporate (f) *Country where registered (g) *Full address of the registered office ISO country code Phone Fax *e-mail ID (h) Previous name, address of the body corporate

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) * ☐ Income-tax PAN or ☐ Passport number or ☐ DPIN

Verify Income-tax PAN/ Pre-Fill

(ii) *Name of partner (iii) *Father's Name

(iv) *Permanent Residential Address

Line I Line II *City *District *State *Pin code ISO country code *Country (v) *Whether present residential address is same as the permanent residential address ☐ Yes ☐ No

(vi) If no, present residential address:				
*Line I				
Line II				
*City		*District		
*State		*Pin code		
*Country				
ISO country code		Phone		Fax
Mobile				
*e-mail ID				
(vii) Previous name/ Previous address				
(viii)* Whether resident in India	☐ Yes	☐ No	(ix) *Nationality	
(x) *Date of Birth		(DD/MM/YYYY)		
(xi) *Occupation				
(xii) *Designation & Authority in body corporate				
(xiii) Changed designation (Category)		(refer instruction kit for details)		
(xiv) Income-tax PAN/ passport number/ DPIN of the previous nominee				
(xv) Name of the previous nominee				

8. *Whether addendum to eForm 4 is required to be filed (refer instruction kit for details) ☐ Yes ☐ No

Note: Attach the consent to become a partner/ designated partner in the following format as an attachment:

We, the several partners whose names are subscribed below, hereby give our consent to become a partner/ designated partner/ nominee/ nominee & designated partner of the LLP pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008.

We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated against our respective names.

Name of each partner/ designated partner/ nominee/ nominee & designated partner	Designation (Designated Partner / Partner/ nominee/ nominee & designated partner))	Name of the body corporate in case of nominee of body corporate	Date of passing resolution for appointment of nominee	Signature of partner/ nominee

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

1. Consent to act as partner/ designated partner
2. Evidence of cessation
3. Affidavit or any other proof of change of name
4. Where the appointed partner is a body corporate, copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorisation of such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.
5. Detail of LLP(s) and/ or company(s) in which partner/ designated partner is a partner/ director
6. Optional attachment (If any)

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Statement

- ☐ To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.
- ☐ I, being a designated partner of the LLP, am authorised to sign and submit this form.

To be digitally signed by a designated partner

*DPIIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
- ☐ Company secretary (in whole-time practice)

Whether associate or fellow ☐ Associate ☐ Fellow

Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

OR

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

Addendum to LLP Form 4

Notice of appointment, cessation, change in particulars of a partners

Note - All fields marked in * are to be mandatorily filled.

Notice of appointment, cessation, change in name/ address/ designation of a designated partner or partner

1. *Service Request Number (SRN) of Form 4

2(a). *Limited Liability Partnership identification number (LLPIN)

Pre-Fill

(b) Name of the Limited Liability Partnership (LLP)

3. *Number of individual designated partner(s) for which this form is being filed

- I. (a) *The form is being filed for ☐ Appointment ☐ Cessation ☐ Change in designation
☐ Change in name ☐ Change in address

(b) *Date of Event

(DD/MM/YYYY)

(c) Changed designation (Category)

(refer instruction kit for details)

(d) *In case of change in designation to Designated Partner, DPIN/ Income-tax PAN/ Passport number of partner

(e) *Designated partner identification number (DPIN)

Pre-Fill

(f) Name

(g) Father's Name

(h)(i) Permanent residential address

(ii) Present residential address

(i) Nationality

(j) Whether resident of India

☐ Yes ☐ No

(k) Date of Birth

(DD/MM/YYYY)

(l) *Occupation

(m) *Number of LLP(s) in which he/ she is a partner

(n) *Number of company(s) in which he/ she is a director

4. *Number of bodies corporate and their nominees as designated partners for which this form is being filed

I. (a) *The form is being filed for ☐ Appointment ☐ Change in nominee ☐ Change in designation
☐ Cessation ☐ Change in address of body corporate ☐ Change in name of body corporate
☐ Change in name of nominee ☐ Change in address of nominee

(b) *Date of Event (DD/MM/YYYY)

(c) *Type of body corporate

(d) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

(e) *Name of body corporate

(f) *Country where registered

(g) *Full address of the registered office or principal place of business in India
ISO country code Phone Fax
e-mail ID

(h) Previous name, address of the body corporate

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) *DPIN

(ii) Name

(iii) Father's Name

(iv)(a) Permanent residential address

(b) Present residential address

(v) Nationality

(vi) Whether resident of India ☐ Yes ☐ No (vii) Date of Birth (DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority in body corporate

(x) Changed designation (Category) (refer instruction kit for details)

(xi) DPIN/ PAN/ Passport Number of the previous nominee

(xii) Name of the previous nominee

5. *Number of individual partner(s) for which this form is being filed

I.

- (a) *The form is being filed for ☐ Appointment ☐ Cessation ☐ Change in name of partner
☐ Change in designation ☐ Change in address

(b) *Date of Event (DD/MM/YYYY)

(c) * ☐ Income tax permanent account number (Income-tax PAN) or ☐ Passport number or ☐ DPIN **Verify Income-tax PAN/ Pre-Fill**

(d) *Name of partner (e) *Father's Name

(f) *Permanent Residential Address

Line I Line II *City *District *State *Pin code ISO country code *Country (g) *Whether present residential address is same as the permanent residential address ☐ Yes ☐ No

(h) If no, present residential address.

Line I Line II *City *District *State *Pin code *Country ISO country code Phone Fax Mobile e-mail ID (i) Previous name/
previous address (j) Whether resident in India ☐ Yes ☐ No(k) *Nationality (l) *Date of Birth (DD/MM/YYYY)(m) *Occupation (n) Changed designation (Category)

(refer instruction kit for details)

(o) *Number of LLP(s) in which he/she is a partner (p) *Number of company(s) in which he/she is a director

6. *Number of bodies corporate as partners and their nominees for which this form is being filed

I. (a) *The form is being filed for

- ☐ Appointment ☐ Cessation ☐ Change in nominee ☐ Change in designation
☐ Change in address of body corporate ☐ Change in name of nominee ☐ Change in name of body corporate
☐ Change in address of nominee

(b) *Date of Event (DD/MM/YYYY)

(c) *Type of body corporate

(d) *CIN or FCRN or LLPIN or FLLPIN or any other identification number

Pre-Fill

(e) *Name of the body corporate

(f) *Country where registered

(g) *Full address of the registered office

ISO country code

Phone

Fax

*e-mail ID

(h) Previous name, address of the body corporate

(i) Name and particulars of the person signing on behalf of the body corporate as nominee

(i) * ☐ Income-tax PAN or ☐ Passport number or ☐ DPIN

Verify Income-tax PAN/ Pre-Fill

(ii) *Name of partner

(iii) *Father's Name

(iv) *Permanent Residential Address

Line I

Line II

*City

**District

*State

*Pin code

ISO country code

*Country

(v) *Whether present residential address is same as the permanent residential address

☐ Yes

☐ No

(vi) If no, present residential address:

*Line I

Line II

*City *District

*State *Pin code

*Country

ISO country code Phone Fax

Mobile

*e-mail ID

(vii) Previous name/
Previous address

(viii)* Whether resident in India ☐ Yes ☐ No (ix) *Nationality

(x) *Date of Birth (DD/MM/YYYY)

(xi) *Occupation

(xii) *Designation & Authority
in body corporate

(xiii) Changed designation (Category) (refer instruction kit for details)

(xiv) Income-tax PAN/ passport number/ DPIN of the previous nominee

(xv) Name of the previous
nominee

7. *Whether another addendum to eForm 4 is required to be filed (refer instruction kit for details) ☐ Yes ☐ No

Note: Attach the consent to become a partner/ designated partner in the following format as an attachment:

We, the several partners whose names are subscribed below, hereby give our consent to become a partner/ designated partner/ nominee/ nominee & designated partner of the LLP pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008.

We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated against our respective names.

Name of each partner/ designated partner/ nominee/ nominee & designated partner	Designation (Designated Partner / Partner/ nominee/ nominee & designated partner))	Name of the body corporate in case of nominee of body corporate	Date of passing resolution for appointment of nominee	Signature of partner/ nominee

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments**List of attachments**

1. Consent to act as partner/ designated partner
2. Evidence of cessation
3. Affidavit or any other proof of change of name
4. Where the appointed partner is a body corporate, copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorisation of such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.
5. Details of LLP(s) and/ or company(s) in which partner/ designated partner is a partner/ director
6. Optional attachment (If any)

Attach

Attach

Attach

Attach

Attach

Attach

Remove attachment

Statement

- ☐ * To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.
- ☐ * I, being a designated partner of the LLP, am authorised to sign and submit this form.

To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
- ☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

OR

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 5**Notice for change of name**

[Pursuant to rule 20(2) of Limited Liability Partnership Rules, 2009]

Note - All fields marked in * are to be mandatorily filled.

1. *Limited Liability Partnership Identification number (LLPIN)
2. (a) Name of the Limited Liability Partnership (LLP)
- (b) Address of registered office of the LLP
- (c) *e-mail ID
3. *Service Request Number (SRN) of Form 1
4. Whether change in name is due to change in business of the LLP ☐ Yes ☐ No
If yes, mention new/changed business of LLP
If no, give other reasons for change of name
5. Whether change in name is ☐ based on the procedure laid down in the LLP agreement
☐ with consent of partners
☐ based on the direction from Central Government
6. New Name of LLP after change
7. SRN of Form 3 (in case change of name is due to change in business of LLP)
8. *Date on which consent of partner(s) was taken under sub-rule(1) of rule 20 (DD/MM/YYYY)

Attachments

1. Copy of the minutes of decision/resolution/ consent of partners
2. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
3. If change is due to a direction received from the Central Government/ Registrar, then a copy of such direction.
4. Optional attachment(s)- if any.

List of attachments**Statement**

☐ To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

☐ I, being a designated partner of the LLP, am authorised to sign and submit this form.

To be digitally signed by a
designated partner

*DIPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

LLP FORM NO. 8

Statement of Account & Solvency

[Pursuant to rule 24 of Limited Liability
Partnership Rules, 2009]

Note - All fields marked in * are to be mandatorily filled.

*Annual or Interim ☐ Annual ☐ Interim

*Statement of Account and Solvency as at 31/March/

*Limited Liability Partnership identification number (LLPIN)/
Foreign Limited Liability Partnership identification number (FLLPIN)

Pre-Fill

Name of Limited Liability
Partnership (LLP)/ Foreign
Limited Liability
Partnership (FLLP)

Address of registered
office of the LLP or
principal place of business
in India of the FLLP

*e-mail ID

Total monetary value of obligation of contribution as on above date (in ₹)

Part A: Statement of Solvency

☐ We being the designated partners or authorised representatives of

do solemnly affirm and sincerely declare that we have made a full inquiry into the affairs of this Limited Liability Partnership/

Foreign Limited Liability Partnership, and that, having done so, have formed the opinion that the LLP/ FLLP, ☐ is ☐ is not able to pay its debts in full as they become due in the normal course of business.

- ☐ We append a Statement of the Assets and Liabilities as at (DD/MM/YYYY) and Income and Expenditure for the period ended on (DD/MM/YYYY) being the latest practicable date before the making of this declaration.
- ☐ We have already filed a statement indicating creation of charges or modification or satisfaction thereof till the present financial year.
- ☐ We declare that the turnover ☐ does not exceed ☐ exceeds 40 lakh.
- ☐ We declare that the obligation of contribution ☐ does not exceed ☐ exceeds 25 lakh rupees.
- ☐ The partners/ authorised representatives have taken proper care and responsibility for maintenance of adequate accounting records and preparation of accounts in accordance with the provisions of the LLP Act and the Rules made thereunder.
- ☐ We make this statement conscientiously believing it to be true, and by virtue of the provisions of the Limited Liability Partnership Act, 2008, the rules made thereunder.

Part B: 'Statement of Account'

Statement of Assets and Liabilities as at (DD/MM/YYYY)

(in ₹)

Particulars	Figures as at the end of the current reporting period	Figures as at the end of the previous reporting period
I CONTRIBUTION AND LIABILITIES		
1. Partners' Funds		
Contribution received		
Reserves and Surplus (including surplus being the profit/ loss made during year)		
2. Liabilities		
Secured loans		
Unsecured loans		
Short Term Borrowings		
Creditors/ Trade payables - Advance from customers		
Other Liabilities (to specify)		
Provisions		
for taxation		
for contingencies		
for insurance		
Other provisions (if any)		
TOTAL		
II ASSETS		
Gross Fixed Assets (including intangible assets)		
Less: depreciation and amortisation		
Net fixed assets		

Investments		
Loans and advances		
Inventories		
Debtors/ Trade receivables		
Cash and cash equivalents		
Other assets (to specify)		
TOTAL		

Note: Please attach statement of contingent liabilities not provided for, as an attachment

*Statement of Income and Expenditure

(in ₹)

Particulars	Figures for the period (Current reporting period)		Figures for the period (Previous reporting period)	
	From	To	From	To
Income				
Gross turnover				
Less: Excise duty or service tax				
Net Turnover details				
Domestic turnover				
(i) Sale of goods manufactured				
(ii) Sale of goods traded				
(iii) Sale or supply of services				
Export turnover				
(i) Sale of goods manufactured				
(ii) Sale of goods traded				
(iii) Sale or supply of services				
Other income				
Increase/(decrease) in stocks [including for raw materials, work in progress and finished goods]				
Total Income				
Expenses				
Raw material consumed				
Purchases made for re-sale				
Consumption of stores and spare parts				
Power and fuel				
Personnel Expenses				
Administrative expenses				
Payment to auditors				
Selling expenses				

Insurance expenses		
Depreciation and amortisation		
Interest		
Other expenses		
Total expenditure		
Net Profit or Net Loss (before taxes)		
Provision for Tax		
Profit after Tax		
Profit transferred to Partners' account		
Profit transferred to Reserves and surplus		

Attachments

1. *Disclosures under Micro, Small and Medium Enterprises Development Act, 2006
2. Statement of contingent liabilities not provided for, if any
3. Optional attachment(s) - if any

Attach

Attach

Attach

List of attachments

Remove attachment

Signature of Designated Partners of LLP or authorised representatives of a Foreign LLP

*DPIN/ Income-tax PAN

Signature of Designated Partners of LLP or authorised representatives of a Foreign LLP

*DPIN/ Income-tax PAN

*Certificate by ☐ Designated partner or ☐ Authorised representative or ☐ Auditor

It is hereby certified that I have verified the particulars contained in the Statement of Account and Solvency including the Statement of assets and liabilities as at (DD/MM/YYYY) and the income and expenditure for the period ending (DD/MM/YYYY) from the accounting records and other books and papers of

and found them to be true and fair.

*DPIN/ Income-tax PAN/ Membership number

Pre-Fill

*Name of the designated partner/ authorised representative/ auditor

*Address

*Line I

*Line II

*City

*State

*Country

Phone

*e-mail ID

*District

*Pin code

Fax

ISO country code

To be digitally signed by

Designated Partner/ Authorised representative/ Auditor

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or

☐ Company secretary (in whole-time practice)

Whether associate or fellow

☐ Associate

☐ Fellow

Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP

Appendix to Statement of Account and Solvency

Particulars for creation or modification or satisfaction of charges by an LLP

1. *Limited Liability Partnership identification number (LLPIN) or Foreign Limited Liability Partnership identification number (FLLPIN)

Pre-Fill

2. (a) Name of the LLP/ FLLP

(b) Address of registered office of the LLP or principal place of business in India of the FLLP

(c) *e-mail ID

3. (a) *This form is for ☐ Creation of charge ☐ Modification of charge ☐ Satisfaction of charge

(b) Charge identification number of the charge to be modified or satisfied

Pre-Fill

(c) Whether charge is modified in favour of asset reconstruction company (ARC) or assignee ☐ Yes ☐ No(d) Whether charge holder is authorised to assign the charge as per the charge agreement ☐ Yes ☐ No

4. *Type of Charge ☐ immovable property ☐ Ship ☐ Any interest in immovable property ☐ Goodwill

☐ Book debts ☐ Trade marks ☐ Patent, licence under a patent ☐ Floating charge

☐ Movable property (not being pledge) ☐ Copyright or licence under copy right ☐ If others, specify

5. (a) *Whether consortium finance is involved ☐ Yes ☐ No(b) *Whether joint charge is involved ☐ Yes ☐ No

6. *Number of charge holders

7. Particulars of charge holders

*Category

If others, specify

CIN, in case charge holder or ARC or assignee is a company

Pre-fill

*Name

*Address

*Line I

Line II				
*City		*District		
*State		*Pin code		
*Country				
Phone		Fax		ISO country code
*e-mail ID				

8. *Nature or description of instrument(s) creating or modifying the charge.

9(a). Date of the instrument creating the charge

(DD/MM/YYYY)

(b). Date of the instrument modifying the charge

(DD/MM/YYYY)

10(a). *Whether charge created or modified outside India

☐ Yes☐ No

(b). In case charge created or modified outside India on the property situated outside India, the date of receipt of the documents in India

(DD/MM/YYYY)

11 (a) *Amount secured by the charge

(In case the amount is in foreign currency, rupee equivalent to be stated) (in ₹)

(In case of modification of charge, enter the amount secured by the charge after such modification)

(b) Amount secured by the charge in words

(c) In case amount secured by the charge is in foreign currency, mention details

12. Brief particulars of the principal terms and conditions and extent and operation of the charge

(a) *Rate of interest

(b) *Terms of repayment

(c) *Margin

(d) *Extent and operation of the charge

(e) Others

13. In case of acquisition of property, subject to charge, furnish the following details relating to existing charge on the property so acquired

(a) Date of instrument creating or evidencing the charge

(DD/MM/YYYY)

(b) Description of the instrument creating or evidencing the charge

(c) Date of acquisition of the property

(DD/MM/YYYY)

(d) Amount of the charge (in ₹)

(e) Particulars of the property charged

14. *Short particulars of the property charged (including location of the property)

15. (a) *Whether any of the property or interest therein under reference is not registered in the name of the LLP

☐ Yes

☐ No

(b) If yes, in whose name it is registered

Note: If more than one charge holder involved, details of extent of charge, particulars of property charged, amount secured to be provided in attachment.

16. Particulars of present modification

17. Date of satisfaction in full

(DD/MM/YYYY)

Attachments

1. Instrument of creation or modification
2. Instrument evidencing creation or modification of charge in case of acquisition of property which is already subject to charge
3. Particulars of all joint charge holders
4. Letter of charge holder stating that the amount has been satisfied
5. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

To be digitally signed by

Designated partner or Authorised representative

DPIN or Income-tax PAN

Verification

If we confirm that the attached charge instrument(s) or document(s) is/ are true copies of the original which is/are available with the charge holder and all the information and particulars mentioned above are derived there from are concisely and correctly stated

If we am/ are duly authorised to sign this form.

To be digitally signed by

Designation

Charge holder

To be digitally signed by

Designation

ARC or assignee

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
☐ Company secretary (in whole-time practice)

* Whether associate or fellow ☐ Associate ☐ Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

LLP FORM NO. 11

[Pursuant to rule 25(1) of Limited Liability Partnership Rules, 2009]

Annual Return of Limited Liability Partnership (LLP)

Note - All fields marked in * are to be mandatorily filled.

1. (a) *Annual return made upto 31st day of March of Year

(b) *Start date of financial year for which annual return is being filed (DD/MM/YYYY)

2. *Limited Liability Partnership identification number (LLPIN)

Pre-Fill

3. Name of the Limited Liability Partnership (LLP)

4 (a) Address of the registered office of the LLP

(b) *e-mail ID

5 Other address if declared under section 13(2) for service of documents

6. Business Classification

7. Principal business activities of the LLP

8. Details as on 31st March of the period for which annual return is being filed

(a) Total number of designated partners

(b) Total number of partners

(c) Total obligation of contribution of partners of the LLP (in ₹)

(d) *Total contribution received from all partners of the LLP (in ₹)

Note: *Contribution received* to be entered in corresponding Form 8 should be same as the value entered in field 8(d) above.

9. Service request number (SRN) of the partners' details validated through the screen (if applicable)

10. Detail of individual(s) as partner (including Designated Partner)

Designation			
Designated Partner Identification number (DPIN)/ Income tax permanent account number (Income-tax PAN)/ Passport number		Pre-Fill	
Name			
Father's Name			
Permanent Residential Address			
Present residential address			
Nationality		Date of Appointment	(DD/MM/YYYY)
Date of Cessation		(DD/MM/YYYY)	
Date of change in designation		(DD/MM/YYYY)	
Previous Designation			
Previous Name, if any			
Obligation of contribution (in ₹)		*Contribution received and accounted for (in ₹)	
*Whether resident in India ☐ Yes ☐ No			
*Number of limited liability partnership(s) in which he/she is a partner			
*Number of Company(s) in which he/she is a director			

11. Detail of bodies corporate as partner (including Designated Partner)

Type of body corporate			
Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number		Pre-Fill	
Name of the body corporate			
Full address of the registered office or principal place of business in India			
Country where registered			
Obligation of contribution (in ₹)		*Contribution received and accounted for (in ₹)	
Name and particulars of person signing on behalf of body corporate as nominee			
Category			
DPIN/ income-tax PAN/ Passport number			
Name			
Father's Name			
Permanent Residential Address			
Present residential address			
Nationality		Date of Appointment	(DD/MM/YYYY)
Date of Cessation		(DD/MM/YYYY)	
Date of change in designation		(DD/MM/YYYY)	Previous Designation
Previous Name, if any			
*Whether resident in India	☐ Yes ☐ No		
*Number of LLP(s) in which he/ she is a partner			
*Number of Company(s) in which he/ she is a director			

Note: Provide the detail of the LLPs (LLPIN and name of LLP) and companies (CIN, DIN and name of company) as an attachment.

12. Summary of partners and designated partners as on 31st March of the period for which annual return is being filed

S.No.	Category	Number of Partners	Number of Designated Partners		Total
			Resident in India	Others	
(i)	Individuals				
(ii)	LLPs				
(iii)	Companies				
(iv)	Foreign LLPs				
(v)	Foreign Companies				
(vi)	LLPs incorporated outside India				
(vii)	Companies incorporated outside India				
	Total				

13. Particulars of penalties imposed on the

(i) Limited liability partnership

Number of rows required

Section Number	Offence	Penalty Imposed

(ii) Partners/ Designated partners

Number of rows required

Pre-Fill All

DPIN/ Income-tax PAN/ Passport number	Name of Partner / Designated Partner	Section Number	Offence	Penalty imposed

14. Particulars of compounding offences

Number of rows required

Section Number	Offence	Date of compounding of offence

15. "Whether turnover of the LLP exceeds 5 crores

☐ Yes

☐ No

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

1. Details of LLP and/ or company in which partner/ designated partner is a director/ partner

Attach

2. Optional attachment(s) - if any

Attach

List of attachments

Remove attachment

Verification

☐ * To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

☐ I certify that Annual Return contains true and correct information.

To be digitally signed by a designated partner

DPIN of the designated partner

OR

☐ It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

Company Secretary In practice

Certificate of Practice Number

Whether associate or fellow

☐ Associate

☐ Fellow

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

LLP FORM NO.12

[Pursuant to rule 16(3) of Limited Liability Partnership Rules, 2009]

Form for intimating other address for service of documents**Note - All fields marked in * are to be mandatorily filled.**

1. *Limited Liability Partnership Identification Number (LLPIN)		Pre-fill
2. Name of the Limited Liability Partnership (LLP)		
3. Address of registered office of the LLP		
*e-mail ID		

4. Pursuant to section 13(2) of the Limited Liability Partnership Act, 2008, the above named LLP declares the following address, other than the address of its registered office, for serving a document on it or its partner or designated partner:

* Other Address	* Line I			
	Line II			
* City		District		
* State		Pin code		
Country		ISO country code		
Phone		Fax		
e-mail ID				

5. *Date on which consent of all partners is taken as per sub-rule(2) of Rule 16 (DD/MM/YYYY)

Attachments

1. ~~Copy of the minutes of decision/ resolution/ consent of requisite partners~~
2. *Proof of address
3. ~~The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any~~
4. Optional attachment(s) - if any

Attach
Attach
Attach
Attach

List of attachments

Verification

- ☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- ☐ I, being a designated partner of the LLP, am authorised to sign and submit this form.

To be digitally signed by a
designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

LLP FORM NO.15**[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009]****Notice for change of place of registered office****Note - All fields marked in * are to be mandatorily filled.**

1. *Limited Liability Partnership Identification Number (LLPIN)
2. (a) Name of the Limited Liability Partnership (LLP)
- (b) Present address of the registered office of the LLP
3. (a) *New address of registered office of the LLP
- Line I
- Line II
- (b) *City (c) *District
- (d) *State (e) * Pin code
- (f) Country (g) ISO country code
- (h) Phone (i) Fax
- (j) *e-mail ID
4. *Name of the office of new registrar
5. *The full address of the police station under whose jurisdiction the new registered office address of the limited liability partnership is situated
- (a) *Name
- (b) *Address Line I
- Line II
- (c) *City/ Town/ Village
- (d) Tehsil (e) *District
- (f) *State (g) * Pin code
6. *Particulars of prosecutions initiated against or show cause notices received by the LLP for alleged offences under the Act
7. *Change of place of registered office is -
- ☐ Within the same city/ town/ village.
- ☐ From one place to another place within the same State.
- ☐ Within the State from the jurisdiction of one Registrar to the jurisdiction of another Registrar.
- ☐ Change of place of the registered office from one State to another State.
8. Dates of publication of public notice in the newspapers (DD/MM/YYYY)
- (Applicable where change of place of the registered office is from one State to another).
9. *Date on which consent has been taken under sub-rule (1) of Rule 17 (DD/MM/YYYY)

Attachments

1. *Proof of changed address of registered office.
2. Copy of the minutes of decision/ resolution/ consent of partners.
3. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
4. Copies of public notice, if applicable.
5. Consent of secured creditors, if applicable.
6. Optional attachment(s)- if any.

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Verification

- ☐ To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete
- ☐ I, being a designated partner of the LLP, am authorised to sign and submit this form.

To be digitally signed
by a designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

OR

For office use only:

e-Form Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

Confirm submission

(DD/MM/YYYY)

LLP FORM NO.17

[Pursuant to paragraphs 2, 3, 4 and 16 of Second Schedule of the Act and rule 38(1) of Limited Liability Partnership Rules, 2009]

Application and statement for the conversion of a firm into Limited Liability Partnership (LLP)

Note - All fields marked in * are to be mandatorily filled.

Part A: Application

1. *Indicate Registrar's reference number for name approval
(Service Request Number (SRN) of Form 1)



2. Name of the Limited Liability Partnership (LLP)

3. Name of the firm

4. Principal address of the firm

*Line I

Line II

*City

*District

State

*PIN Code

Country

ISO country code

Phone

Fax

*e-mail ID

- 5(a). *Whether the firm is registered under the Partnership Act, 1932

☐ Yes

☐ No

If yes, date of registration

(DD/MM/YYYY)

Registration number

If no, whether the firm is registered under any other Statute/ Law

☐ Yes

☐ No

If yes, the name of the Statute/ Law under which registered

Date of registration

(DD/MM/YYYY)

Registration number

- (b). *Date of agreement by which firm was formed

(DD/MM/YYYY)

6. *Total number of partners in the firm

7. *Total capital contribution in the firm (in ₹)

8. Total number of partners in the LLP

9. *Whether all the partners of firm have given their consent for conversion of the firm into the limited liability partnership (Attach the copy of consent)

☐ Yes

☐ No

10. *Whether all the partners of the limited liability partnership comprise all the partners of the Firm and no one else

☐ Yes

☐ No

11. *Whether up to date Income-tax return has been filed under the Income-tax Act, 1961

☐ Yes

☐ No

If Yes, indicate the financial year end date upto which such return has been filed

(DD/MM/YYYY)

12. *Whether any proceedings by or against the firm are pending in any Court or Tribunal or any other Authority

☐ Yes

☐ No

If yes, particulars of such proceedings in the following manner

Number of proceedings

I.

Name of Court or
Tribunal or Authority

Particulars

13. *Whether any earlier application for conversion of the said firm into limited liability partnership was refused by the Registrar

☐ Yes☐ No

If yes, give SRN of earlier Form 17 and the reasons for refusal

(a) SRN

(b) Reasons for refusal of earlier Form 17

14. *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the firm are subsisting

☐ Yes☐ No

If Yes, details thereof in following manner

Number of proceeding

I.

Section and the title
of relevant Act

Particulars

Name of Court or
Tribunal or Authority

15. (a) *Whether there are any secured creditors

☐ Yes☐ No

(b) Whether consent of all the secured creditors for conversion of the firm into limited liability partnership has been obtained

☐ Yes☐ No

If Yes, attach the list and consent of such creditors

16. *Whether any clearance, approval or permission for conversion of the firm into limited liability partnership is required from any other body/ authority

☐ Yes☐ No

If Yes, whether the applicable approvals from the concerned body/ authority or authorities have been obtained

☐ Yes☐ No

Part B: Statement

Declaration

☐ 1. I, partner of

registered under the Indian Partnership Act, 1932 or under

at (name of the place) in the

State/ UT of on (DD/MM/YYYY)

registration number and also named in the incorporation document of

as a partner or designated partner give my consent for the conversion of the said firm M/s

into the limited liability partnership.

☐ 2. I state that I shall be personally liable (jointly and severally with the limited liability partnership) for the liabilities and obligations of the firm which were incurred prior to the conversion or which arose from any contract entered into prior to the conversion.

☐ I further state as under:

(i) that all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of conversion of firm into limited liability partnership and matters precedent and incidental thereto;

(ii) that all the partners of the limited liability partnership comprise all the partners of the firm and no one else;

(iii) that the applicable clearances, approvals or permissions for conversion of the firm into a limited liability partnership from any body/ authority have been obtained;

(iv) that the consent of all the secured creditors for conversion of the firm into limited liability partnership has been obtained;

(v) that to the best of my knowledge and belief, the information given in this form and its attachments are correct and complete.

Attachments

1. *Statement of consent of partners of the firm
2. *Statement of assets and liabilities of the firm duly certified as true and correct by the Chartered Accountant in practice.
3. *Copy of acknowledgement of latest income tax return
4. Approval from any regulatory body/ authority.
5. List of all the secured creditors along with their consent to the conversion
6. Optional attachment (If any)

List of attachments

* To be digitally signed
by a designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

them to be true and correct. I further certify that all required attachment(s) have been completely
this form.

☐ Chartered Accountant in whole time practice

☐ Cost Accountant in whole time practice

☐ Company Secretary in whole time practice

* Whether associate or fellow

☐

Associate

☐

Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 18

[Pursuant to paragraphs 2 and 3 of Third Schedule, paragraphs 2, 3 and 4 of Fourth Schedule of the Act and rule 39(1) and 40(1) of Limited Liability Partnership Rules, 2009]

Application and Statement for conversion of a private company/ unlisted public company into limited liability partnership (LLP).

Note - All fields marked in * are to be mandatorily filled.

Part A- Application

1. *Indicate Registrar's reference number for name approval (Service Request Number (SRN) of Form 1)

Pre-Fill

2. Name of the proposed LLP

3. Corporate Identity Number (CIN)

4. Name of the Company

5. Date of incorporation

(DD/MM/YYYY)

6. Name of office of Registrar of Companies

- 7.(a) Address of the registered office of the company

- (b) e-mail ID of the company

8. *Total number of shareholders

9. Total number of partners in the LLP

10. *Whether all the shareholders of the company have given their consent for conversion of the company into the limited liability partnership ☐ Yes ☐ No

11. *Whether all the partners of the limited liability partnership comprise all the shareholders of the company and no one else ☐ Yes ☐ No

12. *Whether any security interest in the assets of the company is subsisting or in force ☐ Yes ☐ No

If Yes, give details

13. *Whether up to date Income-tax return is filed under the Income-tax Act, 1961 ☐ Yes ☐ No

If Yes, indicate the financial year end date upto which such return is filed

(DD/MM/YYYY)

14. *Whether any prosecution initiated against or show cause notice received by the company for alleged offences under the Companies Act, 1956 ☐ Yes ☐ No

If Yes, give details thereof in following manner

Number of cases

- I. Date of issue of show cause notice

(DD/MM/YYYY)

Section of the Companies Act under which action being initiated

Status (reply sent or under examination by concerned authority or any other status)

15. *Whether any proceeding by or against the company is pending in any Court or Tribunal or any other Authority.

☐ Yes ☐ No

If Yes, details thereof in following manner

Number of proceeding

I.

Name of Court or Tribunal or Authority

Particulars of such proceedings

16. *Whether any earlier application for conversion of the said company into limited liability partnership was refused by the Registrar

☐ Yes ☐ No

If yes, give SRN of earlier Form 18 and the reasons for refusal

(i) SRN

(ii) Reasons

17. *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the company is subsisting

☐ Yes ☐ No

If Yes, details thereof in following manner

Number of proceeding

I.

Section and the title of relevant Act

Particulars

Name of Court or Tribunal or Authority

18. (a) *Whether there are any secured creditors

☐ Yes ☐ No

- (b) Whether consent of all the secured creditors for conversion of the company into limited liability partnership has been obtained

☐ Yes ☐ No

If Yes, attach the list and consent of such creditors

19. *Whether any clearance, approval or permission for conversion of the company into limited liability partnership is required from any body/ authority

☐ Yes ☐ No

If Yes, whether the applicable approvals from the concerned body/ authority or authorities have been obtained

☐ Yes ☐ No

20. *Whether upto date documents including latest balance sheet and annual returns under the Companies Act, 1956 have been filed

☐ Yes ☐ No

Part B- Statement**Declaration**

* ☐ I, the shareholder of

and also named in the incorporation document of

as a partner or designated partner give my consent for the conversion of the said company

into the limited liability partnership.

* ☐ I state as under:

- (i) that all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of conversion of private company/ unlisted public company into limited liability partnership and matters precedent and incidental thereto;
- (ii) that all the partners of the limited liability partnership comprise all the shareholders of the company and no one else;
- (iii) that the applicable clearances, approvals or permissions for conversion of the company into a limited liability partnership from any authority/ authorities have been obtained.
- (iv) that the consent of all the secured creditors for conversion of the company into limited liability partnership has been obtained;
- (v) that all the documents due for filing including latest balance sheet and annual return have been filed under the provision of the Companies Act, 1956;
- (vi) that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

Attachments

1. *Statement of consent of shareholders
2. *Statement of Assets and Liabilities of the company duly certified as true and correct by the auditor
3. List of all the secured creditors along with their consent
4. Approval from any other body/ authority
5. *Copy of acknowledgement of latest income tax return
6. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

To be digitally signed
by a designated partner

*DPIN of the designated partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

- ☐ Chartered accountant (in whole-time practice) or
 ☐ Cost accountant (in whole-time practice) or
 ☐ Company secretary (in whole-time practice)

*Whether associate or fellow ☐ Associate ☐ Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 22

[Pursuant to rule 35(11), 35(17) and 41(4) of Limited Liability Partnership Rules, 2009]

Notice of intimation of Order of Court/ Tribunal/
CLB/ Central Government to the Registrar

Note - All fields marked in * are to be mandatorily filled.

1. * Form filed for
- ☐ Limited Liability Partnership (LLP)
 ☐ Foreign Limited Liability Partnership (FLLP)

2. * Limited Liability Partnership identification number (LLPIN) or
Foreign Limited Liability Partnership identification number (FLLPIN) or
Service Request number (SRN) of Form 1

Pre-Fill

- 3.(a) Name of the Limited Liability Partnership (LLP) or Foreign Limited Liability Partnership (FLLP)

- (b) Address of the registered Office of the LLP or principal place of business in India of FLLP

- (c) * e-mail ID

4 (a) *Order passed by

(b) * Name of the court or company law board (CLB) or any other competent authority

(c) *Location

(d) *Petition or application number

(e) * Order number

5. *Date of passing the order

(DD/MM/YYYY)

6 (a) * Section or rule reference

(b) If others, mention

7. * Number of days within which order is to be filed with Registrar (To be entered pursuant to aforesaid sections or in terms of court order or CLB order or order of the competent authority, as the case may be)

8. *Date of application to court or CLB or the competent authority for issue of certified copy of order

9. * Date of issue of certified copy of order

10. Due date by which order is to be filed with Registrar

11. * Description of order

12. In case of compounding of offence, enter Service request number (SRN)(s) of Form 31

13. SRN of relevant form

(Mention the SRN of relevant Form 22 or any other form; if applicable)

14. * Whether penalty involved or not ☐ Yes ☐ No

if yes, SRN of payment of penalty

Attachments

1. Certified copy of the order.

Attach

2. Optional attachment(s) - if any

Attach

List of attachments

Remove attachment

Verification

☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under.
I have been authorised to sign and submit this form.

☐ I, being a designated partner/ authorised representative/ administrator of the LLP/ FLLP, am authorised to sign and submit this form.

To be digitally signed by

Particulars of the person signing and submitting the form

*Name

Capacity

*Designation

DPIN in case of Designated partner/ DPIN or Income-tax PAN in case of Authorised representative/ Income-tax PAN in case of others or LLP Administrator

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 23

[Pursuant to rule 19(1) of Limited Liability Partnership Rules, 2009]

Application for direction to Limited Liability Partnership (LLP) to change its name

Note - All fields marked in are to be mandatorily filled.

1. *Category of applicant

2. *Limited Liability Partnership Identification Number (LLPIN) or Corporate Identity Number (CIN) or registration number of other entity seeking direction

Pre-Fill

3. *Name of the LLP/
Company/ Applicant

4. (a) *Address Line I
Line II

(b) *City

(c) *District

(d) *State

(e) *Pin code

(f) *Country

(g) ISO country code

(h) *e-mail ID

(i) Phone

(j) Fax

5. Details of the LLP against whom complaint is filed

(a) *LLPIN

Prescriber

(b) Name of the LLP

(c) Address of the registered office of the LLP

(d) e-mail ID

6. Grounds of objection

Attachments

1. *Copy of the authority to make application

Attach

2. *Copy of incorporation/ registration certificate of LLP or the company or registration certificate of other entity, if any.

Attach

3. Optional attachment(s) - if any

Attach

List of attachments

Remove attachment

Verification

- ☐ To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.
- ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008, the rules framed there under.
- ☐ I have been authorised to sign and submit this application.

To be digitally signed by

Applicant or designated partner or managing director or director or manager or secretary

*Designation

*DPIN or DIN or Income-tax PAN or Membership number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 24

Application to the Registrar for striking off name

[Pursuant to rule 37(1)(b) of Limited Liability Partnership Rules, 2009]

Note - All fields marked in * are to be mandatorily filled.

1. *Limited Liability Partnership identification number (LLPIN)

Pre-Fill

2. (a) Name of the Limited Liability Partnership (LLP)

(b) Address of the registered office of the LLP

(c)*e-mail ID

3. *Whether up to date Income-tax returns filed ☐ Yes ☐ No**Attachments**

1. *Copy of detailed application
2. *Copy of authority to make the application
3. *Copy of consent of all partners
4. *Copy of consent of all creditors
5. *Copy of undertaking/ indemnity bond for striking off name
6. *Copy of statement of assets and liabilities duly certified as true and correct by auditor/ chartered accountant in practice
7. *Copy of acknowledgement of latest Income-tax return
8. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Verification

- * ☐ To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.
- * ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under.
- * ☐ I have been authorised to sign and submit this application.
- * ☐ The consent have been taken from all the partners of the LLP.
- * ☐ The consent have been taken from all the creditors of the LLP.
- * ☐ The copy of statement of assets and liabilities duly certified as true and correct by auditor/ chartered accountant in practice has been duly attached.

To be digitally signed by designated partner

*Designated Partner Identification Number (DPIN) of the designated partner

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

LLP FORM NO. 25

[Pursuant to rule 18(3) of Limited Liability Partnership Rules, 2009]

Application for reservation/ renewal of name by a Foreign Limited Liability Partnership (FLLP)/ Foreign Company**Note - All fields marked in * are to be mandatorily filled.**1. *This form is for ☐ Reservation of name ☐ Renewal of Reservation

2. Service request number (SRN) of reservation

Pre-Fill

3. *Name of the FLLP or foreign company

4. *Registered office address or principal place of business address of the FLLP or foreign company

(a) *Address Line I

Line II

(b) * City

(c) * State

(d) * Country

(e) ISO country code

(f). Pin code

(g) * e-mail ID

(h) Phone

(i). Fax

5. *Name of the applicant

6.(a) *Address of the applicant Line I

Line II

(b) * City

(c). District

(d) * State

(e). * Pin code

(f) * Country

(g) ISO country code

(h) * e-mail ID

(i) Phone

(j). Fax

7. *Date of incorporation/ registration (DD/MM/YYYY)

8. *Incorporation or registration number

9. Country of incorporation or registration

Attachments

1. *Certified copy of the authority to submit the application.
2. Certified copy of the incorporation or registration certificate
3. Optional attachment(s) - if any

List of attachments**Verification**

- ☐ To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.
- ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008, the rules framed there under.
- ☐ I have been authorised to sign and submit this application.

To be digitally signed by applicant

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 27Form for registration of particulars by Foreign
Limited Liability Partnership (FLLP)[Pursuant to rule 34(1) of Limited Liability
Partnership Rules, 2009]**Note – All fields marked in * are to be mandatorily filled.**

1. *Name of the limited liability partnership (LLP) incorporated or registered outside India

2 (i) *Country where the foreign
LLP is incorporated

(ii) *Details of relevant Statute under which the limited liability partnership has been incorporated

(iii) *Details of the authority under which limited liability partnership is establishing a place of business in India

3. *State of principal place of business in India

4. (i) *Date of establishment of principal place of business in India

(DD/MM/YYYY)

(ii) *Date on which approval of Reserve Bank of India obtained

(DD/MM/YYYY)

5. *Full address of the registered or principal office of the limited liability partnership incorporated or registered outside India

Line I

Line II

* City

* State

* Country

ISO country code

Pin code

* e-mail ID

6. *Full address of the office of the limited liability partnership in India which is deemed as its principal place of business in India

Line I

Line II

* City

* District

* State

* Pin code

* Country

ISO country code

* e-mail ID

7. Numbers of partners and designated partners -

(a) *Number of partners

(b) *Number of designated partners

Note: The details of all partners & designated partners of FLLP is to be provided as an attachment

8. Details of type of office and main division of business activity

(a) *Type of office

(b) If other, then provide details

(c) *Main division of business activity to be carried out in India

(based on relevant sub class and description given in NIC-2004)

Description of the main division of business activity

--

9. Details of persons resident in India and authorised to accept on behalf of the limited liability partnership service of process and any notices or other documents required to be served on the limited liability partnership

*Number of persons authorised

--

Particulars of person authorised

- * ☐ Designated Partner Identification Number (DPIN) or
☐ Income-tax permanent account number (Income-tax PAN)

--

Verify Income-tax PAN/ Pre-Fill

Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership

First Name

--

Last Name

--

Middle Name

--

Name of person resident in India

First Name

--

Last Name

--

Middle Name

--

*Designation

--

*Nationality

--

Where the Nationality of origin is different from the above mentioned nationality,

Nationality of origin

--

*Date of Birth

--

(DD/MM/YYYY)

*Permanent Residential Address

Line I

--

Line II

--

*City

--

*State

--

*Pin code

--

ISO country code

--

*Country

--

*Whether present residential address is same as the permanent residential address:

☐ Yes ☐ No

If no, present residential address

Line I

--

Line II

--

*City

--

*State

--

*Pin code

--

*Country

--

ISO country code

--

Phone

--

Fax

--

*e-mail ID

--

*Number of LLP(s) in which the authorised representative is a partner

--

*Number of Company(s) in which the authorised representative is a director

--

Note: Attach the details of company(s)/ LLP(s) in which authorised representative is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

- *Copy of the incorporation document or other instrument constituting or defining the constitution of the limited liability partnership certified in the manner specified in the sub-rule (2) of rule 34
- *Extracts of the Statute under which the foreign limited liability partnership has been set up
- *Copy of authority under which the foreign limited liability partnership is establishing the place of business in India
- *Power of attorney(s) in favour of authorised representative
- *Copy of approval of Reserve Bank of India for allowing the foreign limited partnership to establish place of business in India
- *Details of partners and designated partners
- If the above instrument is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34
- Details of LLP(s) and/ or company(s) in which authorised representative is partner/ director
- Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Verification

- * ☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- * ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008, the rules framed there under.
- * ☐ I have been authorised to sign and submit this form.

To be digitally signed by

Authorized representative of foreign

Authorized representative of foreign

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 28

[Pursuant to rule 34(3) of Limited Liability Partnership Rules, 2009]

Alteration in the-

- (A) the incorporation document, or other instrument constituting or defining the constitution of a limited liability partnership incorporated or registered outside India; or
- (B) the registered or principal office of a limited liability partnership incorporated or registered outside India; or
- (C) the partner or designated partner if any of a limited liability partnership incorporated or registered outside India.

Note - All fields marked in * are to be mandatorily filled.1. *Foreign Limited Liability Partnership Identification Number (FLLPIN)

Pre-Fill

2. Name of the Limited Liability Partnership (LLP) incorporated or registered outside India 3. *Financial year ended on

(DD/MM/YYYY)

4. The above mentioned foreign LLP having established a place of business in India at * e-mail ID

hereby gives you notice of the alteration in-

- ☐ the incorporation document, or other instrument constituting or defining the constitution of a limited liability partnership incorporated or registered outside India; or
- ☐ the registered or principal office of a limited liability partnership incorporated or registered outside India; or
- ☐ the partner or designated partner, if any of a limited liability partnership incorporated or registered outside India

(A) The incorporation document, or other instrument constituting or defining the constitution of a limited liability partnership incorporated or registered outside India

(i) A brief description of the alteration is given hereunder (ii) Date of Alteration

(DD/MM/YYYY)

Note: Certified copy of the decision and/ or the copy of the amended document should be enclosed. If the decision is not in english a certified translation thereof must be enclosed.

(B) The registered or principal office of a limited liability partnership incorporated or registered outside India(i) The registered/ principal office of the LLP in the country of incorporation has been shifted with effect from (DD/MM/YYYY)

(ii) The new address is as under:-

Line I			
Line II			
City			
State		Pin code	ISO country code
Country			
e-mail ID			

(C) The partner or designated partner of a limited liability partnership incorporated or registered outside India(i) *Number of partner(s) or designated partner(s) for which this form is being filed **Note:** The details of alteration in partners' and/ or designated partners' are to be provided as an attachment**Attachments****List of attachments**

1. *Copy of the decision or other document through which alteration has been made
2. Copy of the amended incorporation document or other instrument constituting or defining the constitution of the limited liability partnership certified in the manner specified in the sub- rule (2) of rule 34
3. If the above instrument is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34
4. Copy of alteration in partner(s) and/ or designated partner(s) details
5. Optional attachment(s) - if any

Verification

- * ☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- * ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under in respect of establishment of place of business by a foreign Limited Liability Partnership.
- * ☐ I am authorised to sign and submit this form.

To be digitally signed byAuthorised representative of foreign limited liability partnership * DPIN or Income-tax PAN of the authorised representative **For office use only:**eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)**Digital signature of the authorising officer**This e-Form is hereby registered Date of signing

(DD/MM/YYYY)

2030 GI/12-23

LLP FORM NO. 29

[Pursuant to rule 34(3) and 34(8) of Limited Liability Partnership Rules, 2009]

- (A) Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India;
- (B) Alteration in the name or address of any of the persons authorised to accept service on behalf of a foreign limited liability partnership in India;
- (C) Alteration in the principal place of business of foreign limited liability partnership in India;
- (D) Cessation to have place of business in India.

Note - All fields marked in * are to be mandatorily filled.

- *Foreign Limited Liability Partnership Identification Number (FLLPIN)
 - Name of the Foreign Limited Liability Partnership (LLP)
 - The above mentioned foreign LLP having established a place of business in India at
- *e-mail ID

hereby gives notice for—

- ☐ alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India
- ☐ alteration in the name or address of any of the persons authorised to accept service on behalf of a foreign limited liability partnership in India
- ☐ alteration in the principal place of business of foreign limited liability partnership in India
- ☐ cessation to have place of business in India

(A) Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India

- *A brief description of the alteration is given hereunder

- *Date of Alteration (DD/MM/YYYY)

- *Whether there is any change in name of limited liability partnership incorporated or registered outside India ☐ Yes ☐ No

If yes, specify changed name

(B) Alteration in the name or address of any of the persons authorised to accept service on behalf of a foreign limited liability partnership in India

- *Number of authorised persons for which form is being filed

I. *Type of alteration ☐ Addition of a person authorised to accept service
☐ Modification to particulars of a person already authorised to accept service
☐ Deletion of a person authorised to accept service

*Date of alteration (DD/MM/YYYY)

☐ Designated Partner Identification Number (DPIN) or
☐ Income-tax permanent account number (Income-tax PAN) **Verify Income-tax PAN/Pre-Fill**

*Name of person resident in India authorised to accept on behalf of the foreign limited liability partnership

First Name
 Last Name
 Middle Name

*Father's Name

First Name
 Last Name
 Middle Name

*Designation

*Nationality

Where the Nationality of origin is different from the above mentioned nationality,
 Nationality of origin

*Date of birth (DD/MM/YYYY)

Permanent Residential Address

*Line I
 Line II

*City
 *State *Pin code ISO country code
 *Country

Whether present residential address is same as the permanent residential address ☐ Yes ☐ No

If no, present residential address

*Line I
 Line II

*City
 *State *Pin code
 *Country
 ISO country code Phone Fax
 *e-mail ID

*Number of LLP(s) in which the authorised representative is a partner

*Number of Company(s) in which the authorised representative is a director

*Remarks as to alteration

(C) Alteration in the address of principal place of business of the foreign limited liability partnership in India

1. The principal place of business in India was shifted with effect from (DD/MM/YYYY)
2. The changed address is as under

*Line I

Line II

*City

*District

*State

*Pin code

*Country

ISO country code

Phone

Fax

e-mail ID

(D) That it intends to close its place of business in India

1. Date of cessation of place of business in India (DD/MM/YYYY)

2. It is hereby declared that the LLP

☐ is not maintaining the place of business at any other place in India.

☐ has filed with the Registrar all documents due for filing.

Note: Attach the details of company(s)/ LLP(s) in which authorised representative is a director/ partner, as the case may be in the below format as an attachment

S No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

1. Copy of the decision or other document through which alteration has been made
2. Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership
3. Power of attorney in favour of authorised representative(s)
4. Details of LLP and/ or company in which authorised representative is partner/ director
5. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Verification

☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.

☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under in respect of establishment of place of business by a Foreign Limited Liability Partnership.

☐ I am authorised to sign and submit this form.

To be digitally signed by a authorised representative of FLLP

*DPIN or Income-tax PAN of authorised representative

Modify

Check Form

Prescrutiny

For office use only:eForm Service request number (SRN) eForm filing date

(DD/MM/YYYY)

Digital

of an officer
Reg. number

LLP FORM NO. 31**[Pursuant to rule 41(1) of Limited Liability Partnership Rules, 2009]****Application for compounding
of an offence under the Act.**

Pre-filled

☐ Designated Partner Identification Number (DPIN) or
☐ Income-Tax Permanent Account Number or
☐ Passport Number
Note - All fields marked in * are to be mandatorily filled.

1. *Category of applicant

 2. Limited Liability Partnership identification number (LLPIN) or
 Foreign Limited Liability Partnership identification number (FLLPIN)

Pre-filled

 3.(a) Name of the Limited
 Liability Partnership (LLP)
 or Foreign Limited Liability
 Partnership (FLLP)

 (b) Address of the
 registered office
 of the LLP or principal
 place of business in
 India of foreign LLP

(c) e-mail ID

4. Details of applicant (in case category is others)

(a) Name

(b) Address

Line I

Line II

(c) City

(d) State

(e) Country

(f) ISO country code

(g) Pin code

(h) e-mail ID

5. *Name of the office of registrar to which application is being made

6. (a) *Whether application for compounding of offence is filed in respect of

☐ LLP or Foreign LLP
 ☐ Designated Partner
 ☐ Partner
 ☐ Authorised Representative
 ☐ Other

(b) Number of person(s) for whom the application is being filed

(c) Details of person(s) for whom the application is being filed

(i)

Category	
☐ Designated Partner identification number (DPIN) or ☐ Income-Tax Permanent Account Number or ☐ Passport number	
Name	

(d) *Whether Show Cause Notice received

☐ Yes

☐ No

(e) If Yes, Notice number and date of notice

7. (i) Please indicate the section of the Act under which offence has been committed:

(ii) Indicate the relevant penalty provisions of the Act

8. Whether the offence has been made good as on date of application, if applicable

☐ Yes

☐ No

If yes, the date of making the default good

(DD/MM/YYYY)

Brief particulars as to how the default has been made good

9. *Whether copy of the latest statement of assets and liabilities attached ☐ Yes ☐ No

Attachments

1. *Copy of detailed application
2. Copy of show cause notice received
2. Copy of authority to make the application on behalf of the LLP
3. Copy of authority to make the application on behalf of other persons
4. Copy of latest statement of asset and liabilities
5. Optional attachment(s) - if any

Attach
Attach
Attach
Attach
Attach
Attach

List of attachments

--

Remove attachment

Verification

- * ☐ To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.
- * ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under.
- ☐ I have been authorised to sign and submit this application on behalf of the person(s) whose name(s) is/ are mentioned above.

To be digitally signed by

Designated partner or Authorised representative or Partner of LLP or Applicant

Designation

- ☐ Designated Partner identification number (DPIN) or
- ☐ Income-Tax Permanent Account Number or ☐ Passport number

To be digitally signed by

- ☐ Chartered Accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or
- ☐ Company Secretary (in whole-time practice)

Whether associate or fellow

☐ Associate

☐ Fellow

Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM 32

[Pursuant to rule 36(6) of Limited Liability Partnership Rules, 2009]

Form for filing addendum for rectification of defects or incompleteness

Note - All fields marked in * are to be mandatorily filled.

1. * Service request number (SRN) of relevant form(s)

Pre-Filled

(Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that correct SRN is mentioned in this field and verify the system displayed details below)

2. (a) Date of SRN

(DD/MM/YYYY)

(b) Form number(s)

3. Limited Liability Partnership Identification Number (LLPIN) or Foreign Limited Liability Partnership Identification Number (FLLPIN) or Corporate Identity Number (CIN)

4. (a) Name of Limited Liability Partnership (LLP) or Company

(b) Address of the registered office of the LLP or Company or of the principal place of business in India of Foreign LLP

(c) Name of the person filing this form (applicable in case of filing in respect of non LLP or LLP yet to be incorporated)

(d) *e-mail ID

5. (a) Details of defects pointed out or further information called by the Registrar or any other competent authority

Defect 1	Defect 2	Defect 3
Defect 4	Defect 5	Defect 6
Defect 7	Defect 8	Defect 9
Defect 10	Defect 11	Defect 12
Defect 13	Defect 14	Defect 15
Defect 16	Defect 17	Defect 18
Defect 19	Defect 20	Defect 21
Defect 22	Defect 23	Defect 24
Defect 25	Defect 26	Defect 27
Defect 28	Defect 29	Defect 30
Defect 31	Defect 32	Defect 33
Defect 34	Defect 35	Defect 36
Defect 37	Defect 38	Defect 39
Defect 40	Defect 41	Defect 42
Defect 43	Defect 44	Defect 45
Defect 46	Defect 47	Defect 48
Defect 49	Defect 50	Defect 51
Defect 52	Defect 53	Defect 54
Defect 55	Defect 56	Defect 57
Defect 58	Defect 59	Defect 60
Defect 61	Defect 62	Defect 63
Defect 64	Defect 65	Defect 66
Defect 67	Defect 68	Defect 69
Defect 70	Defect 71	Defect 72
Defect 73	Defect 74	Defect 75
Defect 76	Defect 77	Defect 78
Defect 79	Defect 80	Defect 81
Defect 82	Defect 83	Defect 84
Defect 85	Defect 86	Defect 87
Defect 88	Defect 89	Defect 90
Defect 91	Defect 92	Defect 93
Defect 94	Defect 95	Defect 96
Defect 97	Defect 98	Defect 99
Defect 100	Defect 101	Defect 102

(b) Details of rectification of the defects or further information furnished

Details of rectification of the defects or further information furnished

(1) Name of the person/organisation (in Hindi)

(2) Address (in Hindi)

(3) Nature of the defect/issue (in Hindi)

(4) Details of the rectification/measure taken (in Hindi)

(5) Date of completion (in Hindi)

(Ensure that correct type of document is selected from the list of documents given in the drop down below)

Maximum five documents can be attached

6. (a) Type of document

Attach

(b) Type of document

Attach

(c) Type of document

Attach

(d) Type of document

Attach

(e) Type of document

Attach

List of attachments

Attachment 1

Attachment 2

Attachment 3

Attachment 4

Attachment 5

Remove attachment

Verification

To the best of my/ our knowledge and belief, the information given above and in the attached documents is correct and complete.

To be digitally signed by

1. Designated Partner (In case of an LLP)

or an authorised representative (In case of a Foreign LLP)

Designation

Designated Partner identification number (DPIN) or Income-tax PAN

2. In case the form in respect of which addendum is being filed was signed by director or managing director or manager or secretary or chartered accountant (in whole-time practice) or company secretary (in whole-time practice) or cost accountant (in whole-time practice) or partner or applicant or advocate or LLP administrator or others

Designation

Capacity

Director identification number (DIN) of the director or Managing Director; or Income-tax PAN of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN) or Income-tax PAN of LLP Administrator or DPIN/ Income-tax PAN/ Passport number of Partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

☐ Chartered accountant (in whole-time practice) or ☐ Cost accountant (in whole-time practice) or

☐ Company secretary (in whole-time practice)

Whether associate or fellow ☐ Associate ☐ Fellow

Membership number or certificate of practice

Modify

Check Form

Prescrutiny

This form is not required to be signed by the authorising officer as this has been filed in respect of an already filed eForm

[F. No. 1/1/2011-CL-V]

RENUKA KUMAR, Jt. Secy.

Note : The principal rules were published vide number G.S.R. 229 (E), dated 1st April, 2009 and was last amended vide number G.S.R. 796 (E) dated 4th November, 2011.