

# **Form 1**

[See rule 18(5)]

## **Application for reservation or change of name**

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

1. \*Application for  Incorporating a new limited liability partnership (LLP)  
 Changing the name of an existing limited liability partnership.

### **Part A: Reservation of name**

2. Details of the applicant

- (i) (a)\* Whether applicant is an Individual as partner  or nominee of a body corporate as a partner

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

(ii) (a) \*Name

(b) \*Occupation

(c) \*Address Line 1

Line II

(d) \*City

(e) \*State

(f) \*Pin code

(g) \*ISO Country Code

(h) \* Country

(i) \*e-mail ID

(j) Phone  (k) Fax

3. Details of two proposed designated partners (one of them should be a resident in India)

(i) \*Category (drop down) Individual, LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

(ii) \*DPIN/Income-tax PAN/passport number; or LLPIN; or corporate identity number (CIN); or LIOI registration number; or CIOI registration number

(iii) \*Name

(iv) \*Name of nominee, in case of body corporate

(v) Details (number/date) of resolution authorizing nominee

(i) \*Category (drop down) Individual, LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

(ii) \*DPIN/Income-tax PAN/passport number; or LLPIN; or corporate identity number (CIN); or LIOI registration number; or CIOI registration number

(iii) \*Name

(iv) \*Name of nominee, in case of body corporate

(v) Details (number/date) of resolution authorizing nominee

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

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

6. Whether the application is for conversion of firm or private company or unlisted public company into LLP    Yes                       No

If yes, enter the following details

(I) In case of conversion of firm:

(i) Name of the firm

(ii) Whether the firm is registered Yes  No

If Yes, enter the following details:

(a) Name of the Statute/law under which firm is registered

(b) Name of the state in which firm is registered

(c) Date of registration DD/MM/YYYY

(d) Registration number

(II) In case of conversion of private company or unlisted public company

(a) CIN

(b) Name

7. \* Proposed business of the Limited Liability Partnership (if the business includes banking and stock exchange, a copy of the in-principle approval of the appropriate authority should be attached)

8. \*Proposed monetary value of contribution (in Rs) in figure

in words

**Part B: In case of change of name**

9. \* LLPIN of limited liability partnership

10. (a) \*Name of the limited liability partnership

(b) \*Address of registered office of the limited liability partnership

\*Line 1

\*Line 2

\*City  District   
\*State  \*PIN Code   
\*ISO Country Code  \*Country   
\*e-mail ID  Phone   
Fax

11. \* Reasons for change of name

12. \*Existing Monetary value of contribution ( in Rs.) (in figure)   
(in words)

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

13. Proposed name of the LLP (please give six names in order of preference)

- (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)

(In case proposed name includes an activity, such activity should be reflective of the proposed business of the LLP)

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.

(Please Tick ) 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, a copy of the decision
2. Copy of Trade Mark Registration/ acknowledgement of application for Trade Mark Registration / authorization to use Trade Mark
3. If change is due to a direction received from the Central Government, then a copy of such direction
4. Optional Attachment

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, and 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 the rules framed thereunder and

I am authorised by the proposed partners to sign and submit this application.

I have been authorized by  (firm/ private company/ unlisted public company) 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 applicant.**

Date:

Place:

Modify Check form Pre-scrutiny Submit

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For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

Confirm submission

This e-form is hereby rejected

**Form 2**  
*[See rule 11]*  
**Incorporation Document and Statement**

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

**PART A**  
**Incorporation Document**

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

2. \* Name of the limited liability partnership :

3. \* State in which the registered office of the limited liability partnership is to be situated:

4. \* Address of registered office of the limited liability partnership

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

Country  \*e-mail ID

Phone  Fax

5. \* Business to be carried on by the limited liability partnership:

6. \*Summary of Partners/designated partners

SN	Category	Number of Partners	Number of Designated partners	Number of designated partners resident in India
(i)	Individuals			
(ii)	LLPs			

(iii)	Companies			
(iv)	LLPs incorporated outside India			
(v)	Companies incorporated outside India			
	Total			

7. \*Number of individual(s) as partner  (Dynamic)

Note: In case individual(s) are more than five, attach details in respect of remaining partners in a separate sheet as an attachment.

Details in respect of individual(s). (First, enter details in respect of designated partners)

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality :

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN):

Passport Number:

\*Permanent residential address

\*Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

Phone  Fax

Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I

Line II

City  State

Pin  ISO Country Code

Country  Phone   
Fax   
Email ID

\*Form of contribution

\*Monetary value of contribution (in Rs.) (in figure)   
(in words)

If already a partner of limited liability partnership (LLP) or director of a company, specify the following. (In case partner or director in more than five LLP(s) and companies each, attach separate sheet as an attachment).

\*No. of limited liability partnership(s) in which he is a partner

LLPIN

Name

No. of Company(s) in which he is a director

CIN

Name of the company

8. Number of bodies corporate as partners  (Dynamic)

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporates in a separate sheet as an attachment.

\*Details in respect of bodies corporate and their nominees. (First, enter details in respect of designated partners)

\*Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI)

\*LLPIN or Corporate Identity Number (CIN), LIOI registration number or CIOI registration number

\*Name of the body corporate

\*Country where registered

\*Full address of registered office

\*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

\*Phone  Fax

\*Email ID

\*Form of contribution

\*Monetary value of contribution (in Rs.) (in figures)

(in words)

\*Name and particulars of the person signing on behalf of the body corporate as nominee

\*Designation & authority

\*Father's / Husband's Name

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number :

\*Whether designated partner Yes  No

If yes, DPIN

\*Whether resident in India (Please Tick ) Yes  No

\*Permanent residential address

\*Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

Phone  Fax

Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I

Line II

City  State

Pin  ISO Country Code   
Country   
Phone  Fax   
Email ID

9. \*Total monetary value of contribution by partners in the LLP  
(in Rs.) (in figures)   
(in words)

10. \* We, the several partners whose names are subscribed below, are desirous of being formed into a limited liability partnership for carrying on a lawful business with a view to profit and have entered or agreed to enter into a limited liability partnership agreement in writing. We respectively agree to contribute money or other property or other benefit or to perform services for the limited liability partnership in accordance with the limited liability partnership agreement, the particulars of which are stated at serial number 7 or 8 against our respective names.

Name of each partner	Signature of Partner	Name, address and profession (alongwith professional membership number) of witness	Signature of witness
1	2	3	4

**(Attach details in respect of names of partners/witnesses and their signatures in the above format as an attachment)**

**Attachments:.**

1. Copy of authorization where the partner is a limited liability partnership, or company, or a limited liability partnership incorporated outside India or a company incorporated outside India.
2. Proof of address of registered office of limited liability partnership.
3. Details in respect of names of partners/witnesses and their signatures.

4. Attachments in respect of details of individuals/bodies corporate where the number exceeds five.
5. Optional attachment.

**Part B**  
**Statement**

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

I   son/  daughter/  wife of   
do state as under:

- (i) that I am a person named in the incorporation document as a designated partner/partner of the limited liability partnership;
- (ii) that the designated partners have given their prior consent to act as designated partners;
- (iii) that 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) that I make this statement conscientiously believing the same to be true.

**To be digitally signed by**

A designated partner

DPIN

**Date:**

**Place:**

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

I   son/  daughter/  wife of   
do state as under:

- (i) that I am
  - an Advocate
  - a Company Secretary
  - a Chartered Accountant
  - a Cost Accountant

engaged in the formation of the limited liability partnership and my membership number with  (name of regulatory body) is  (Membership Number);

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

**To be digitally signed by**

Advocate / Company Secretary / Chartered Accountant / Cost Accountant in practice.

**Date:**

**Place:**

Modify  Check form  Pre-scrutiny  Submit

For office use only

This e-form is hereby registered

Confirm submission

Digital signature of the authorizing officer

**Form 3**  
*[See rule 21]*

**Information with regard to Limited Liability Partnership Agreement and changes, if any, made therein**

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

**This Form is for**

Filing information with regard to  
LLP Agreement

For information with regard to changes  
in  
LLP Agreement

**Part A - For filing information with regard to LLP Agreement**

1. \*LLPIN
  
2. \*Name of Limited Liability Partnership
  
3. \*Place at which the Limited Liability Partnership Agreement is made
  
4. (i) \*Date of the Agreement
  
- (ii) Date of ratification
  
5. \*Address of Registered Office
  
- \*Line 1
- \*Line 2
- \*City  District
- \*State  \*PIN Code
- \*ISO Country Code  Country
  
- Phone  Fax
  
- \*Email ID

6. \*Business to be carried on by the Limited Liability Partnership

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7. \* Designated Partners

(i) Whether each of the partners from time to time is to be designated partner.

Yes  No

(i) Names of persons who shall be designated partners on incorporation.

Name	DPIN

(ii) \*Acts, matters or things required to be done by a designated partner in respect of the compliance of the provisions of the Act.

1. 2. 3.
----------------

(iii) \*Powers in relation to acts, matters, or things which the designated partner can exercise only with the consent of all the partners/requisite number or percentage of partners.

1. 2. 3.
----------------

8. \*Obligation to contribute

(i) Obligation of each partner to contribute money or property or other benefit or to perform services. .

SN	Name of Partner	Nature and specification of obligation to contribute

(ii) Total Monetary value of contribution by partners in the LLP (in Rs.) (in figure)

(in words)

9. \*Partners' powers and duties

(i) Powers, duties and authority of each partner.

(a) Powers of the partners (b) Duties of the partners (c) Authority of the partners
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(ii) Mutual rights and duties of partners

--

(iii) Mutual rights and duties of limited liability partnership and partners

--

10. \*Restrictions, if any, on the partners' authority.

11. \*Management and Administration of Limited Liability Partnership

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

(ii) Acts, matters or things, if any, which can be done with the consent of majority of the partners.

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

(iv) Manner, if any, in which the consent of the partners is to be obtained.

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

12. \* Whether the LLP has a common seal

Yes  No

If yes, authority to affix the seal

13. \* Details of indemnity clause, if any -

14. \*Clauses of the 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

15. \*Details of obligations, rights, entitlements of a partner on admission, retirement, cessation, expulsion or resignation.

16. \*Clauses relating to resolution of disputes

- (a) Between the partners; or
- (b) Between the partner and the LLP.

17. \*Duration of Limited Liability Partnership, if any.

18. \*Clauses, if any, relating to voluntary winding up

19. 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)

20. Any other information or clause relating to the Limited Liability Partnership Agreement not covered above (optional ).

**B. For Filing information with regard to changes (addition, omission or alteration) in the Limited Liability Partnership Agreement**

21. \*LLPIN

22. \*Name of the Limited Liability Partnership

23. \*Address of the registered office of the Limited Liability Partnership

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code  \*Country

Phone  Fax

\* Email ID

24. \*Date of the modification of the agreement

25. \*Please indicate the changes in the LLP agreement pertaining to any of the items 3 to 20 above:

26. Indicate any other change or changes in LLP agreement not covered under 25 above.

27. \*Monetary value of contribution (in Rs) (in figures) -

- (i) Existing
- (ii) Addition
- (iii) Total

**\*Statement**

I   son  daughter  wife  
of  state as under :

- (i) I am a person named in the Incorporation Document as a designated Partner/I am a designated Partner of the limited liability partnership;
- (ii) that the particulars given above are in accordance with the limited liability partnership agreement/ agreement relating to change in the limited liability partnership agreement;
- (iii) the original Limited Liability Partnership Agreement will be produced whenever called for;
- (iv) in case of change in contribution, the fees payable to Registrar has been/being paid;
- (v) that I make this statement conscientiously believing the same to be true.

Attachment

Optional.

To be digitally signed by designated partner  
DPIN

Date:

Place:

Certificate

It is hereby certified that I have verified the above particulars from the books and records of

(name of the LLP) and found them to be true and correct.

Company Secretary in practice     Chartered Accountant in practice  
 cost Accountant in practice

Whether associate or fellow     Associate     Fellow

Membership Number or Certificate of Practice Number

**To be digitally signed by**

Company Secretary in practice/ Chartered Accountant in practice/ Cost Accountant in practice

Date:  (DDMMYYYY)

Place:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

## **Form 4**

[See rule 8, 10(8), 22(2) and 22(3)]

### **Notice of appointment of partners/ designated partner and changes among them, intimation of DPIN by the LLP to Registrar and consent of partner to become a partner /designated partner**

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

#### **PART A**

#### **Notice of appointment of partner/designated partner and changes among them and intimation of DPIN**

1. \* This form is for  New Limited Liability Partnership  Existing Limited Liability Partnership

2. \* Service Request number (SRN) of Form 1 or LLPIN

3. \*Name of the limited liability partnership

\*Address of the registered office of the limited liability partnership

\*Line I

\*Line II

\* City  \* State

\* Pin  \* ISO Country Code

\*Country

Phone  Fax

\*Email ID

4. \* Summary of partners and designated partners:

SN	Category	Number of Partners	Number of Designated partners	Number of designated partners resident in India
(i)	Individuals			
(ii)	LLPs			
(iii)	Companies			
(iv)	LLPs incorporated outside India			
(v)	Companies incorporated outside India			

	Total			
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5. \*Number of individual(s) as partner(s)  (Dynamic)

Note: In case individual(s) are more than five, attach details in respect of remaining partners in a separate sheet as an attachment.

Details in respect of individual(s). (First, enter details in respect of designated partners)

\*Whether designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  No

\*Name

\*Father's / Husband's Name

\*Nationality

Appointment  Cessation  Change in name of partner   
 change in name of designated partner  change in designation   
 Change in address

Date of appointment

Date of Cessation

Changed name

Date of change in designation

New designation

(Please give address and other details of the partner in addendum to this Form.)

6. \*Number of bodies corporate as partners (Dynamic)

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporates in a separate sheet as an attachment.

Details in respect of bodies corporate and their nominees. (First, enter details in respect of designated partners)

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI)

LLPIN or Corporate Identity Number (CIN), LIOI registration number or CIOI registration number

\*Name

Country where registered

\*Name and particulars of the person signing on behalf of the body corporate as nominee

\*Designation

\*Father's / Husband's Name :

\*Nationality

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

Appointment  Cessation  Change in name of partner   
 change in name of designated partner  change in designation  
 change in address

Date of appointment

Date of Cessation

Changed name

Date of change in designation

New designation

(Please give address and other details of the partner and nominee in addendum to this Form.)

### **Part B**

#### **Consent of partners/designated partners**

Please attach the consent to become a partner / designated partner (separate consent for each partner/ designated partner) in the following format as an attachment:

“I,  hereby give my consent to become a  partner  designated partner of the  (name of the LLP ) pursuant to section 25(3)(c) / 7(4) of the Limited Liability Partnership Act, 2008.

I having consented to become a partner / designated partner of limited liability partnership also hereby undertake to contribute money or other property or other benefit or to perform services for limited liability partnership as per my obligations described in the limited liability partnership agreement.”

Signed  Designation

**Attachment:**

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, a copy of resolution of such body corporate and of the authority in favour of the nominee signing on behalf of body corporate.
5. Attachments in respect of details of individuals/bodies corporate where the number exceeds five.
6. Optional Attachment

**Statement**

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

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

To be digitally signed by designated partner

DPIN

(The person signing the form should be different from the person in whose respect the form is being filed)

Date:

Place:

### Certificate

It is hereby certified that I have verified the above particulars from the books and records of   
(name of LLP) and found them to be true and correct.

Company Secretary in practice     Chartered Accountant in practice  
 Cost Accountant in practice

Whether associate or fellow     Associate     Fellow

Membership Number or Certificate of Practice Number

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

**For office use only:**

This e-Form is hereby registered

**Digital Signature of the authorizing officer**

Submit to BO

**Addendum to Form 4**

**Particulars of addresses and other details of partners/designated partners and changes therein**

1. Number of individuals as partners

Note: In case individual(s) are more than five, attach details in respect of remaining partners in a separate sheet as an attachment.

Appointment  Cessation  Change in name of partner   
change in name of designated partner  change in designation   
change in address

Details in respect of individual(s) (First, enter details in respect of designated partners)

(The details in this addendum should be in the order of names of partners given in Form 4.)

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality :

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN):

\*Passport Number:

\*Permanent residential address

Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

Phone  Fax

Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I   
Line II   
City  State   
Pin  ISO Country Code   
Phone  Fax   
Email ID

2. Number of bodies corporate as partners

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporate in a separate sheet as an attachment.

Appointment  Cessation  Change in name of partner   
change in name of designated partner  change in designation   
change in address

Details in respect of bodies corporate and their nominees. (First, enter details in respect of designated partners)

(The details in this addendum should be in the order of names of partners given in Form 4.)

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

LLPIN or Corporate Identity Number (CIN), LIOI registration number or CIOI registration number.

\*Name of the body corporate

Country where registered

\*Full address of registered office

\*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country   
Phone  Fax   
\*Email ID

\*Name and particulars of the person signing on behalf of the body corporate as nominee

\*Designation

\*Father's / Husband's Name :

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number

\*Whether designated partner Yes  No

If yes, DPIN

\*Whether resident in India (Please Tick ) Yes  No

\*Permanent residential address

Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

Phone  Fax

Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I

Line II

City  State

Pin  ISO Country Code

Country  Phone

Fax

Email ID

**Attachments:**

1. Attachments in respect of details of addresses and other details of individuals/bodies corporate where the number exceeds five.
2. Proof of address
3. Optional Attachment

**Statement**

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

I  a designated partner of the

(name of the LLP), am authorized to sign and submit this form.

To be digitally signed by designated partner

DPIN

(The person signing the form should be different from the person in whose respect the form is being filed)

Date:

Place:

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of  (name of the LLP) and found them to be true & correct.

Company Secretary in practice     Chartered Accountant in practice  
 Cost Accountant in practice

Whether associate or fellow     Associate     Fellow

Membership Number or Certificate of Practice Number

Date:

Place:

**For office use only:**

This e-Form is hereby registered

**Digital Signature of the authorizing officer**

Submit to BO

**Form 5**  
[See rule 20(2)]  
**Notice of change of name**

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

1. \*LLPIN

2. (a) \*Name of the limited liability partnership   
(b) Address of the registered office of the limited liability partnership

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

\*Country

Phone  Fax

\*Email ID

3. \*Reasons/purpose for change of name

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

5. \*Proposed name

6. \*Date of compliance of sub-rule (1) of rule 20   
(DD/MM/YYYY)

**Attachments**

- (i) Copy of the minutes of decision/resolution/consent of partners,
- (ii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any,

- (iii) If change is due to a direction received from the Central Government/ Registrar, then a copy of such direction,
- (iv) Optional attachment.

**Statement**

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

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

To be digitally signed by designated partner   
DPIN

Date:

Place:

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of  (name of the LLP) and found them to be true and correct.

- Company Secretary in practice
- Chartered Accountant in practice
- Cost Accountant in practice

Digitally Signed

Certificate of Practice Number

Date:

Place:

**For office use only:**  
This e-Form is hereby registered

**Digital Signature of the authorizing officer**   
Submit to BO

## **Form 6**

(See rule 22(1))

### **Intimation of particulars of name or address of a partner/ change in such particulars by a Partner to the Limited Liability Partnership**

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

1. \*This form is for intimating to the Limited Liability Partnership  
O particulars  
O change in particulars by the partner.

Type of partner:

- I. Individual
- II. Limited liability partnership
- III. Company
- IV. Limited liability partnership incorporated outside India
- V. Company incorporated outside India

#### **Part A**

##### **I. Intimation of particulars - Individual**

2. Name
- (a) \*First Name:
- (b) \*Last Name:
- (c) \*Middle Name:
- (d) \*Name as written:
3. \*Father's Name/Husband's Name
4. \*Whether citizen of India O Yes O No
5. \*Nationality:
6. \*Whether Resident in India: O Yes O No
7. \*Date of Birth:
8. \*Gender: O M O F
9. \*Income-tax permanent account number
10. Voter's identity card
11. Passport number
12. Others (specify)
13. \*Permanent Residential Address

\*Line I   
\*Line II   
\*City   
\*State   
\*Country   
\*Pin Code   
Phone   
Fax   
\*E-mail

14. \*Whether present residential address is the same as permanent residential address

O Yes O No

15. Present residential address

Line I   
Line II   
City   
State   
Country   
Pin Code   
Phone   
Fax

16. \*Whether a partner of partnership firm or limited liability partnership or director of a company

O Yes O No

If Yes

(a) Names and addresses of the partnership firm(s)

Name  Address of principal office

(b) LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

(c) CIN and names of the companies in which he is a director

CIN  DIN  Name

## II. Intimation of particulars – Limited liability partnership

LLPIN:

Name :

PAN number of the limited liability partnership

Full address of registered office

Name of the person who will be signing on behalf of the limited liability partnership

Designation and authority of the person signing on behalf of limited liability partnership

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

### III. Intimation of particulars – Company

CIN

Name

PAN number of the company

Full address of registered office

Name of the person who will be signing on behalf of the company

Designation and authority of the person signing on behalf of the company

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

### IV. Intimation of particulars – Limited liability partnership incorporated outside India

Name :

Country where the limited liability partnership is registered/incorporated

Registration/Incorporation Number

Full address of the registered office

The statute under which the limited liability partnership is registered

Name of the person who will be signing on behalf of the limited liability partnership incorporated outside India

Designation and authority of the person signing on behalf of limited liability partnership incorporated outside India

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

**V. Intimation of particulars – Company incorporated outside India**

Name :

Country where the company is registered/incorporated

Registration/Incorporation Number

Full address of the registered office

The statute under which the company is registered

Name of the person who will be signing on behalf of the company  
incorporated outside India

Designation and authority of the person signing on behalf of company  
incorporated outside India

Please give particulars of the person authorized in the format as given  
in sub-part I of Part A from serial number 2 to 16.

**PART B – Intimation of change in particulars relating to name or address of  
the partner**

Please give below the particulars sought to be changed

-----  
-----  
-----

The following documents in support of the above are attached

---

(a) \_\_\_\_\_

(b) \_\_\_\_\_

I \_\_\_\_\_ son/daughter of \_\_\_\_\_

declare and verify that the information given in the form and the documents  
enclosed is correct and complete.

Signature

Date

Place

# **Form 7**

[See rule 10)

## **Application for allotment of Designated Partner Identification Number**

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

Provisional Designated Partner Identification Number (DPIN)   
(not to be filled by the applicant as it is generated by the system)

**Applicant's name (enter full name and do not use abbreviations)**

Affix a latest passport size photograph and get it attested/ certified for submission of physical copy of the form with Central Government.

- 1. DIN ( if allotted )
- 2. Name
  - (a) \*First name :
  - (b) \*Last name :
  - (c) \*Middle name :
  - (d) \*whether nominee of a body corporate Yes  No

If Yes, the details of the body corporate:

Name of the body corporate

Registration Number

Address of the registered office of the body corporate

Line 1

Line 2

City  District

State  PIN Code

ISO Country Code

Country

Phone  Fax

Email ID

3. Father's /Husband's name

(a) \*First name :

(b) \*Last name :

(c) \*Middle name :

4. \*Whether a citizen of India :  Yes  No

5. \*Nationality:

6.\*Date of Birth  (DD/MM/YYYY)

7. \*Gender :

8. Place of birth

9. Income-tax permanent account number

10. Voter's identity card number :

11. Passport number :

12. Driving license number:

13. Other (please specify):

14. \*Permanent Residential Address

(a) \*Line I

\*Line II

(b). \*City :

(c) \*State :

(d) \*Country:

(e) \*Pin code:

(f) Phone:

(g) Fax:

(h) Email ID

15. \*Whether present residential address is same as permanent residential address  
Yes  No

16. Present Residential Address

(a) Line I

Line II

(b) City

(c) State

(d) Country

(e) Pin code

(f) Phone

(g) Fax

17. \*Whether resident of India  Yes  No

**Specimen signature of the applicant  
(within the box)**

**Instruction Kit**

**Submit**

**Following documents are being enclosed :**

**Proof of Identity (Tick against the document being enclosed)**

1. Passport
2. Election (voter identity) card
3. Driving license
4. Income-tax PAN card
5. Others-Please Specify

**Proof of residence (Tick against the document being enclosed)**

1. Passport
2. Election (voter identity) card
3. Ration card
4. Driving license
5. Electricity bill
6. Telephone bill
7. Bank account statement
8. Others-Please Specify

I  son/daughter of

resident of  hereby declare and verify that the information given in this application and the documents enclosed is correct and complete. I confirm that I do not possess and have not been allotted another Designated Partner Identification Number by the Central Government. I also confirm that no other application (including physical documents) submitted by me is pending for allotment of Designated Partner Identification Number.

**Signature of the applicant  
(to be signed for submission of physical copy of the form with Central Govt)**

Dated  (DD/MM/YYYY)

Place

### General Guidelines for DPIN Application

1. **Obtain Provisional DPIN** - The applicant should first fill in the application on-line, generate a provisional DPIN and then take a print out for dispatch to the DPIN Processing Cell. All application without a provisional DPIN cannot be accepted for further process and would merit straight rejection.
2. **Attestation/certification of photograph, proof identity and proof of residence** – A Public Notary or a Gazetted Officer of a Government or a practising professional (Chartered Accountant/ Company Secretary/Cost Accountant) or a Company Secretary in full time employment of the company.
3. **Particulars of the attesting/certifying authority** – The attesting authority must indicate the following while attesting the documents : (i) Signatures; (ii) Name in full in Capitals; (iii) Registration No; and (iv) Seal/ Stamp.
4. **Language of proofs for identity and residence** – In case the proof of identity and proof of residence is in a language other than Hindi or English, a certified copy of translation of the same in Hindi or English should be enclosed and the translation be also certified by the professional who has otherwise certified the said proofs.
5. **Date of Birth** – The proof of identify enclosed with DPIN Form should also contain the Date of Birth of the applicant and the same should match the Date of Birth filled in the application form. In case the proof of identify does not indicate the Date of Birth then additional proof of Date of Birth, duly certified/attested, should be attached.
6. **Father's Name** - The proof of identify enclosed with DPIN Form should also contain the Father's Name of the applicant and the same should match the Father's Name filled in the application form. In case the proof of identify does not indicate the Father's Name then additional proof of Father's Name, duly certified /attested, should be attached.
7. **Process for applications who are (i) Indian citizens residing abroad; (ii) foreign nationals residing in India; and (iii) foreign nationals residing outside India** - While general conditions as mentioned at Sr.No.1,3,4 and 5 would be applicable in these categories also, the certification of attached documents and the photograph may be done by a notary in the home country of the applicant or the designated partner of the LLP. Further, in the case of a Foreign National, certified copy of the valid passport should be enclosed.

**For office use only:**

Signature of the Authorizing Officer

Dated

Place

## **Form 8**

*[See rule 24]*

### **Statement of Account & Solvency**

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

Annual or interim

If Annual -

Statement of Account and Solvency as at

LLPIN/FLLPIN

Name of the Limited Liability Partnership/ Foreign Limited Liability Partnership

#### Part A: Statement of Solvency

We  being the designated partners or authorized representatives of

(name of the LLP/FLLP) 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 Limited Liability Partnership/Foreign Limited Liability Partnership 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  and Income and Expenditure for the period ended on  being the latest practicable date before the making of this declaration.

We append a Statement indicating creation of charges or modification or satisfaction thereof during the financial year.

We declare that the turnover does not exceed/exceeds 40 lakh or the contribution does not exceed/exceeds 25 lakh rupees. The partners/authorized 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  being the authorized representatives of

(name of the foreign LLP) do solemnly affirm and sincerely declare that we have made a full enquiry into the affairs of the limited liability partnership incorporated outside India, and that, having done so, have formed the opinion that such foreign limited liability partnership incorporated outside India is/is not able to pay its debts in full as they become due in the normal course of business.

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.

Made on this  day of

Place:

Signature of Designated Partners of LLP   
or authorized representatives (AR) of a Foreign LLP

DPINs

**Part B: Statement of Account**

**Statement of Assets and Liabilities**

Of  as at  (period)  
(In Rupees\_\_\_\_\_)

	Particulars	Figures as at the end of the current reporting period	Figures as at the end of the previous reporting period
	1	2	3
<b>I.</b>	<b>CONTRIBUTION AND LIABILITIES</b>		
(1)	<b>Partners' funds</b>		
	(a) Contribution		
	(b) Reserves and surplus (Surplus being the profit/loss made during the year)		
(2)	<b>Liabilities</b>		
	(a) Secured loans		

	(b) Unsecured loans (c) Short term borrowings (d) Creditors/trade payables - Advance from customers (e) other liabilities (to specify) (f) Provisions (i) for taxation (ii) for contingencies (iii) for insurance (iv) other provisions (if any)  <b>TOTAL</b>		
II	<b>ASSETS</b>  (a) Fixed assets (b) Investments (c) Loans and advances (d) Inventories (e) Debtors/trade receivables (f) Cash and cash equivalents (g) other assets (to specify)  <b>TOTAL</b>		

Notes: (a) Contingent liabilities not provided for.  
 (b) The disclosures under provisions of section 22 of the Micro, Small and Medium Enterprises Development Act, 2006 may be added as attachment to this Form.  
 (c) Any other disclosures the LLP thinks proper to disclose.

Signature of Designated Partners of LLP  
 or authorized representatives (AR) of a Foreign LLP   
 DPINs

Statement of Income and Expenditure

Of  for the period from  to

<u>Income</u>	<u>Current year</u>	<u>Previous year</u>

Turnover		
Other income (to specify)		
Increase/(decrease) in stocks [including for raw materials, work in progress and finished goods]		
TOTAL INCOME		
<b><u>Expenses</u></b>		
Purchases		
Personnel expenses		
Administrative expenses		
Selling expenses		
Depreciation		
Interest		
Other expenses (to specify)		
Profit before taxes		
Provision for Tax		
Profit after Tax		
Profit transferred to Partners' account		
Profit transferred to Reserves and surplus		

**Note:-**

(a) Turnover means the aggregate of the gross value of the realization made from the sales, supply or distribution of the goods or on account of services

rendered or both during the financial year. The amount of total excise duty/service tax deducted from turnover shall be disclosed separately.

(b) Any other disclosures the LLP thinks proper to disclose.

Signature of Designated Partners of LLP   
or authorized representatives (AR) of a Foreign LLP

DPINs

**Certificate by the Designated partner or the auditor**

It is hereby certified that I have verified the particulars contained in the Statement of Account and Solvency including the Statements of assets and liabilities as at  and the income and expenditure for the period ending  from the accounting records and other books and papers of  (name of the LLP) and found them to be true and fair.

Name of the auditor/designated partner

\*Address

\*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country  Phone  Fax

Email ID

Membership number/DPIN

Place:

Date:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**Appendix to Statement of Account and Solvency**  
 Particulars for creation or modification or satisfaction of charges by an LLP

1. \*LLPIN

2. (a) This form is for  
                     creation of charge           O  
                     modification of charge   O  
                     satisfaction of charge       O

\*(b) charge identification ID number of the charge to be modified  
 or satisfied

3. \*Type of charge

Immoveable property	
Any interest in immoveable property	
Book debts	
Moveable property (not being pledge)	
Floating charge	
If others, specify	

Ship	
Goodwill	
Patent, licence under a patent	
Trade marks	
Copyright or licence under copy right	

4. \*Whether joint charge is involved       YES   O   NO   O

5. \*Number of charge holders

6. Particulars of the charge holders

CIN/LLPIN

\*Name

\*Address

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

\*Email ID

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

----------

8. \*Date of the instrument creating or modifying the charge   
(DD/MM/YYYY)

9. (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)

10. \*Amount secured by charge in Rs.

11. 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

12. 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,
- (b) description of the instrument creating or evidencing the charge,
- (c) date of acquisition of the property,
- (d) amount of the charge in rupees,
- (e) particulars of the property charged.

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

14. (a) \*whether any of the property or interest therein under reference is not registered in the name of the company.

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.

15. Date of latest modification prior to present modification

DD/MM/YYYY

16. Particulars of present modification

17. Date of satisfaction in full  (DD/MM/YYYY)

**Attachments:-**

- (i) instrument of creation or modification
- (ii) instrument evidencing creation or modification of charge in case of acquisition of property which is already subject to charge
- (iii) particulars of all joint charge holders
- (iv) letter of charge holder stating that the amount has been satisfied
- (v) optional attachment.

Signature of Designated Partner

DPIN

**Form 9**  
*[See rule 7 and 10(8)]*  
**Consent to act as Designated Partner**

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

To  Limited Liability Partnership

(Name and address of the limited liability partnership)

Date: DD/MM/YYYY

**Subject : Consent to act as Designated Partner**

I,  hereby give my consent to act as designated partner of the   
(name of the LLP) pursuant to Section 7(3) of the Act.

**Particulars**

1. \*Designated Partner Identification Number (DPIN)

2. \*Name

3. \*Father's /Husband's Name

4. \*Present residential address

5. \*e-mail ID

6. Name of the Partnership Firm

Or

LLPIN  & Name of Limited Liability Partnership

Or

CIN  & Name of the Company

Or

Name of any other body corporate

whose nominee the designated partner is.

I hereby state that I satisfy the conditions and requirements for being eligible to be a designated partner and I have not been disqualified to act as a designated partner.

To be signed by the designated partner:

DPIN

Date:

Place:

# **Form 10**

*[See rule 10(9)]*

## **Intimation of changes in particulars by Designated Partners**

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

Affix a latest  
passport size  
photograph and get  
it attested/ certified  
for submission of  
the form with MCA

1. \*Designated Partner Identification Number (DPIN)

2. Please identify (tick) and fill-in particulars sought to be changed:

Applicant name

Nationality

Date of birth

Income-tax permanent account number:

Voter's identity card number :

Passport number :

Driving licence number:

Permanent residential address:

Present residential address:

Other (please specify):

3. Applicant's name (enter full name and do not use abbreviations)

First name :

Last name :

Middle name :



Accountants Act, 1949, and the Cost and Works Accountants Act, 1959 respectively.

**NOTE II:** In case any proof enclosed is in language other than Hindi or English then the translated copy of the same in English or Hindi shall be required to be enclosed. It should be certified by the same professional who has certified other proof.

**NOTE III:** In case the designated partner submitting change in particulars is not residing in India, the certification of attached documents and the photograph may be done by a notary in the home country of the applicant. Further, in the case of a foreign national, certified copy of the valid passport should be enclosed.

**NOTE IV:** The photograph of the applicant being affixed on the form should also be attested.

IF ANY OF THE REQUIREMENTS ARE NOT MET, CHANGES WILL NOT BE CONSIDERED.

I  son / daughter of

resident of  hereby declare and verify that the information given in this Form and the documents enclosed is correct and complete.

**Signature of the applicant**

Date  (DD/MM/YYYY)

Place

**For office use only:**

**Signature of the Authorizing Officer**

Date  (DD/MM/YYYY)

Place

**Form 11**  
*[See rule 25(1)]*  
**Annual Return of Limited Liability Partnership**

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

\*Annual Return made upto 31<sup>st</sup> day of March of  (Year).

1. \*LLPIN

2. \*Name of limited liability partnership

3. \*Address of registered office

\*Line I

\*Line II

\*City :

\*State :

\*ISO Country Code :

\*Country

\*Pin code :

\*Phone (with STD Code):

Fax :

\*Email:

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

Line I

Line II

City :

State :

ISO Country Code :

Pin code :

Phone (with STD Code):

Fax :

Email:

5. Date of closure of Financial Year to which the Annual Return relates  
 (DD/MM/YYYY)

6. Business classification

(with reference to one or more categories prescribed for business, trade, profession, service or occupation classification)

7. Principal business activities of the Limited Liability Partnership

8. \* Summary of partners and designated partners for whom this Form is filed.

SN	Category	Number of Partners	Number of Designated partners	Number of designated partners resident in India
(i)	Individuals			
(ii)	LLPs			
(iii)	Companies			
(iv)	LLPs incorporated outside India			
(v)	Companies incorporated outside India			
	Total			

9. Number of individual(s) as partner for  (Dynamic)

Note: (In case individual(s) are more than ten, attach details in respect of remaining individual partners in a separate sheet as an attachment.)

Details in respect of individual(s). (First, enter details in respect of designated partners)

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality :

Date of appointment

Date of Cessation

Changed name

Date of change in designation

New designation

(Please give address and other details of the partner in Addendum to this Form.)

Whether a partner of partnership firm or limited liability partnership or director of a company

Yes  No

Names and addresses of the partnership firm(s)

Name  Address of principal office

LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

CIN and names of the companies in which he is a director

CIN  DIN  Name

Whether nominee of a body corporate

Yes  No

**10.** \*Number of bodies corporate as partners  (Dynamic)

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporate in a separate sheet as an attachment.

Details in respect of bodies corporate and their nominees (First, enter details in respect of designated partners)

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

LLPIN or Corporate Identity Number (CIN) or LIOI registration number or CIOI registration number

\*Name

\*Country where registered

\*Name and particulars of the person signing on behalf of the body corporate as nominee

\*Designation

\*Father's / Husband's Name

\*Nationality

\*Whether Designated partner  Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

Date of appointment

Date of Cessation

Changed name, if any

Date of change in designation

New designation

(Please give address and other details of the partner and nominee in Addendum to this Form.)

Whether a partner of partnership firm or limited liability partnership or director of a company

Yes  No

Names and addresses of the partnership firm(s)

Name  Address of principal office

LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

CIN and names of the companies in which he is a director

CIN  DIN  Name

11. \*Obligations of the partners to contribute

Sr. No.	Name of Partner	Obligation and form of contribution	Contributions received and accounted for (in Rs.)

12. \*Particulars of penalties imposed on the :

(i) Limited liability partnership

Section No.	offence	Penalty imposed

(ii) Partners/ Designated partners

Name of the Partner/ Designated Partner	Section No.	offence	Penalty imposed

13. \*Particulars of compounding of offences

Section No.	Offence	Date of Compounding of offence

**Attachments**

Optional 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**

Designated Partner

**DPIN**

Date:

Place:

**Certificate**

I certify that Annual Return contains true and correct information.

To be signed by a Designated partner

DPIN

or

I certify that all the particulars mentioned above are true as per the books and records of  (name of the LLP) and

found them to be true and correct.

**Company Secretary in practice**

Certificate of Practice Number

Date:

Place:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**Addendum to Form 11**  
**Particulars of addresses and other details of partners/designated partners**

1. Number of individuals as partners

(In case individual(s) are more than ten, attach details in respect of remaining individual partners in a separate sheet as an attachment.)

Details in respect of individual(s) (First, enter details in respect of designated partners)

(The details in this Addendum should be in the order of names of partners given in Form 11.)

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number

\*Permanent residential address

Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

Phone  Fax

Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I

Line II

City  State

Pin  ISO Country Code   
Phone  Fax   
Email ID

2. Number of bodies corporate as partner

(In case bodies corporate are more than five, attach details in respect of remaining bodies corporate in a separate sheet as an attachment. First, enter details in respect of designated partners)

**Details in respect of Bodies Corporate and their nominees.**

(The details in this Addendum should be in the order of names of partners given in Form 11).

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

LLPIN or Corporate Identity Number (CIN) or LIOI registration number or CIOI registration number

\*Name of the body corporate

\*Country where registered

\*Full address of registered office

\*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

Phone  Fax

\*Email ID

\*Name and particulars of the person signing on behalf of the body corporate as nominee

\*Designation

\*Father's / Husband's Name

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number

\*Whether designated partner: Yes  No

If yes, DPIN

\*Whether resident in India (Please Tick ) Yes  No

\*Permanent residential address

Address \*Line I   
\*Line II   
\*City  \*State   
\*Pin  \*ISO Country Code   
\*Country   
Phone  Fax   
Email ID

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

(Please Tick ) Yes  No

If no, present residential address

Address Line I   
Line II   
City  State   
Pin  ISO Country Code   
Country   
Phone  Fax   
Email ID

### Attachments

Optional 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

Designated Partner

DPIN

### Certificate

I certify that annual return contains true and correct information.

To be signed by a designated partner

DPIN

Or

I certify that all the particulars mentioned above are true as per the books and records of  (name of the LLP) and found them to be true and correct.

Company Secretary in practice

Certificate of Practice Number

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**Form 12**

[See rule 16(3)]

**Form for intimating other address for service of documents**

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

1. \*LLPIN

2. \*Name of the Limited Liability Partnership

3. \*Address of Registered Office

\*Line I

\*Line II

\*City :

\*State :

\*ISO Country Code :

\*Country

\*Pin code :

Phone (with STD Code):

Fax :

\*Email:

4. Pursuant to section 13(2) of the Limited Liability Partnership Act, 2008, the above named Limited Liability Partnership 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 :

State :

ISO Country Code :

Pin code :

Phone (with STD Code)

Fax :

Email:

Date of complying with sub-rule(2) of rule 16 :

**Attachments.**

- (i) Copy of the minutes of decision/resolution/consent of partners,
- (ii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any,
- (iii) Proof of address,
- (iv) Optional Attachment.

**Verification**

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

I  a designated partner of  (name of the LLP) am authorized to sign and submit this form.

To be digitally signed by designated partner   
DPIN

Date:

Place:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**Form 13**

*[Refer section 24(1) of the Act]*

**Specimen of notice of cessation by a ceasing partner to other Partners.**

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

To

All Partners  
..... Limited Liability  
Partnership  
(Registered Address)

All Partners  
..... Limited Liability  
Partnership  
(Other address declared by the  
Limited Liability Partnership for  
service of documents)

Date  (DDMMYYYY)

[Date should be at least 30 days before the date partner intends to resign]

In accordance with the provisions of section 24(1) of the Limited Liability  
Partnership Act, 2008, I  (Name of Partner)

do hereby give notice of my intention to resign as a partner of the

(name of the LLP) with effect from

(DDMMYYY).

Name of the partner

Address

# Name of the Authorised Signatory

Signatures

#Applicable where the partner is a body corporate. Copy of authorization to be  
attached.

Date:

Place:

**Form 14**

[See rule 33]

**Form for intimating the Registrar of Firms/Registrar of Companies of conversion of firm/company into limited liability partnership.**

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

This form is for intimating

- Conversion of firm into limited liability partnership.
- Conversion of private company into limited liability partnership
- Conversion of unlisted public company into limited liability partnership

Part A

Conversion of firm into limited liability partnership

1. \*Name of the firm
2. \*Principal address of the firm
3. \*Whether the firm is registered under the Partnership Act, 1932

Yes  No

If yes, date of registration

Registration No.

If no, whether the firm is registered under any other law

Yes  No

If yes, the name of the Statute

Date of registration

Registration No.

Part B

Conversion of private company/ unlisted public company into limited liability partnership

1. \*Name of the company
2. \*CIN
3. Address of registered office of the company

\*Line 1

\*Line 2   
\*City  \*District   
\*State  \*PIN Code

**Part C**

Particulars of the Limited liability partnership into which the aforesaid firm/company has been converted.

1. \*LLPIN
2. \*Name of the limited liability partnership
3. \*Date of incorporation  (DDMMYYYY)
4. Address of registered office  
\*Line I   
\*Line II   
\*City:   
\*State:   
\*ISO Country Code:   
\*Pin code:   
Phone (with STD Code)   
Fax:   
\*Email:

**Attachments:**

- (1) Copy of the certificate of incorporation of Limited Liability Partnership.
- (2) Optional Attachment.

**Certificate**

I,  partner of the   
(name of the LLP) hereby give notice of conversion of the  
 (name of converted firm or company) into  
the said limited liability partnership on  day of

To be digitally signed by a partner of the LLP who, in case of conversion of firm, was one of the partners, or who, in case of conversion of a private or unlisted public company, was one of the directors in the company.

DIN/DPIN

Date:

Place:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**FORM 15**

[See rule 17]

**Notice of change of place of registered office**

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

1. \*LLPIN

2. \*Name of the Limited Liability Partnership

3. \*Present address of the registered office of the limited liability partnership

\*Line I

\*Line II

\*City:

\*State:

\*ISO Country Code:

\* Country:

\*Pin code:

Phone (with STD Code)

Fax:

\*Email:

4. \*New address of the registered office of the limited liability partnership

\*Line I

\*Line II

\*City:

\*State:

\*ISO Country Code:

\*Country

\*Pin code:

Phone (with STD Code)

Fax:

Email:

5. \*The full address of the police station under whose jurisdiction the new registered office address of the limited liability partnership is situated

*Name	<input type="text"/>
Address	
*Line I	<input type="text"/>
*Line II	<input type="text"/>
*City/Town/village:	<input type="text"/>
*Tehsil:	<input type="text"/>
*District:	<input type="text"/>
*State:	<input type="text"/>
*Pin code:	<input type="text"/>

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

(Applicable where change of place of the registered office is from one State to another).

9. \*Date of complying with sub-rule (1) or sub-rule (4) of rule 17.

**Attachments.**

- (i) Proof of changed address of registered office.
- (ii) Copy of the minutes of decision/resolution/consent of partners
- (iii) The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
- (iv) Copies of public notice, if applicable.
- (v) Consent of secured creditors, if applicable.
- (vi) Optional attachment.

**Verification**

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

I  a designated partner of  (name of the LLP), am authorized to sign and submit this form.

To be digitally signed by designated partner

DPIN

Date:

Place:

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of  (name of the LLP) and found them to be true and correct.

Company Secretary in practice  Chartered Accountant in practice  Cost Accountant in practice

To be digitally signed by

Certificate of Practice Number

Date:

Place:

**For Office use only:**

This e-Form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

**Form 16**

[Refer section 12(1)(b) of the Act]

**Certificate of Incorporation**

LLPIN \_\_\_\_\_ of 20\_\_\_\_

I hereby certify that \_\_\_\_\_ Limited Liability Partnership is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act, 2008.

Given under my hand at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, Two thousand \_\_\_\_\_.

Registrar

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(Seal)

## **FORM 17**

*[See paragraphs 2,3, 4 and 16 of the Second Schedule of the Act and rule 38(1)]*

### **Application and statement for the conversion of a firm into Limited Liability Partnership**

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

#### Part A

#### Application

1. \*Name of the firm
  
2. \*Principal address of the firm
  - \*Line 1
  - \*Line 2
  - \*City  \*District
  - \*State  \*PIN Code
  - \*ISO Country Code
  - Phone  Fax
  - Email ID
  
3. (a) \*Whether the firm is registered under the Partnership Act, 1932.  
Yes  No   
If yes, date of registration   
Registration No.   
If no, whether the firm is registered under any other law  
 Yes  No  
If yes, the name of the Statute under which registered   
Date of registration   
Registration No.
  
- (b) \*Date of agreement by which firm was formed DD/MM/YYYY

4. \*Total number of partners in the firm

5. \*Names and addresses of the partners (Dynamic).

Name	Address (House Number, city/town/village, District, State, Pin code.)	Amount of capital held in the firm

6. \*Service Request Number (SRN) of Form 1

7. \*Name of the proposed limited liability partnership

8. \*Address of registered office of the proposed limited liability partnership

\*Line 1

\*Line 2

\*City  \*District

\*State  \*PIN Code

\*ISO Country Code

Phone  Fax

Email ID

9. \*Total number of partners in the LLP

10. \*Whether all the partners of firm have given their consent for conversion of the firm into the limited liability partnership.

Yes  No

If yes, attach the copy of the consent.

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

Yes  No

12. \*Whether up to date Income-tax return is filed under the Income-tax Act, 1961.

Yes  No

If Yes, indicate the period upto which such return is filed

DD/MM/YYYY

13. \*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 :-

Name of Court/ Tribunal/ Authority	Particulars

(In case the number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

14. 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:-

(i) SRN

(ii) Reasons

15. \*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:-

Section and the title of relevant Act	Particulars	Name of Court/ Tribunal/ Authority

(In case the number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

16. \*Whether consent of all the 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.

17. \*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

18. \*Whether the Statement of assets and liabilities of the firm duly certified as true and correct by a Chartered Accountant in practice and made upto a date not preceding 30 days of the date of filing the application for conversion attached.

Yes

To be digitally signed by designated partner

DPIN

Date

Place

Part B  
**Statement**

I  partner of M/s  (name of the firm) registered under the Indian Partnership Act, 1932 or under

(name of the law) at  (name of the place) in the State /UT of  (name of the State or Union Territory) on  (date); registration number

and also named in the incorporation document of

(name of the LLP) as a partner or designated partner give my consent for the conversion of the said firm M/s  (name of the firm) 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 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 is correct and complete.

**Attachments**

1. Statement of partners of the firm (may be attached in a tabular form)
2. Incorporation Document & Statement in Form 2 filed electronically.
3. Statement of Assets and Liabilities of the firm duly certified as true and correct by the Chartered Accountant in practice.
4. List of all the creditors along with their consent to the conversion (may be given in the form of a tabular statement).
5. Approval from any body/authority.
6. Optional attachment.

To be digitally signed by a partner or designated partner

Date:

Place:

(The statement(s) of remaining partner(s) shall be given in the above format as a tabular statement as an attachment.)

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of M/s  Name of the firm) and found them to be true and correct.

○ **Company secretary** ○ **Chartered Accountant** ○ **Cost**

**Accountant in practice**

Digitally Signed

Certificate of Practice Number

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

Confirm submission

This e-form is hereby rejected

## **FORM 18**

*[See 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)]*

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

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

### **Part A** **Application**

1. \*CIN
2. \*Name of the Company
3. \*Date of incorporation
4. \*Name of office of Registrar of Companies
5. \*Address of registered office of the company  
\*Line 1   
\*Line 2   
\*City  \*District   
\*State  \*PIN Code   
\*ISO Country Code   
Phone  Fax   
\*Email ID
6. \*Total number of shareholders in the company
7. \*Names and addresses of the shareholders

Name	Address (House Number, city/town/village, District, State, Pin code.)	Number of shares held in the company.

(In case number of shareholders is more than ten, separate sheet(s) in the above manner may be attached as an attachment.)

8. \*Service Request Number (SRN) of Form 1

9. \*Name of the proposed limited liability partnership

10. \*Address of registered office of the proposed limited liability partnership

\*Line 1

\*Line 2

\*City  \*District

\*State  \*PIN Code

ISO Country Code  \*Country

Phone  Fax

\*Email ID

11. \*Total number of partners in the LLP

12. \*Whether all the shareholders of the company have given their consent for conversion of the company into the limited liability partnership.

Yes  No

13. \*Whether all the partners of the limited liability partnership comprise all the shareholders of the company and no one else.

Yes  No

14. \*Whether any security interest in the assets of the company is subsisting or in force.

Yes  No

If yes, give details

15. \*Whether up to date Income-tax return is filed under the Income-tax Act, 1961.

Yes  No

If Yes, indicate the period upto which such return is filed

DD/MM/YYYY

16. \*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 in the following manner: -

SN	Section of the Companies Act under which action being initiated	Date of issue of show cause notice	Status (reply sent/ under examination by concerned authority)

(In case number of prosecution initiated/ show cause notice received is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

17. \*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:-

Name of Court/ Tribunal/ Authority	Particulars

(In case number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

18. \*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

19. \*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:-

Section and the title of relevant Act	Particulars	Name of Court/ Tribunal/ Authority

(In case number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

20. \*Whether consent of all the unsecured creditors for conversion of the company into limited liability partnership has been obtained.

Yes  No

If yes, a copy thereof.

21. \*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

22. \*Whether upto date documents including immediately preceding balance sheet and annual returns under the Companies Act, 1956 have been filed.

Yes

23. \*Whether the statement of assets and liabilities of the company duly certified as true and correct by the auditor made up to a date not preceding 30 days of the date of filing the application attached.

Yes

To be digitally signed by designated partner

DPIN

Date

Place

Part B  
**Statement**

I  shareholder of  (name of the company) and also named in the incorporation document of

(name of the LLP) as a partner or designated partner give my consent for the conversion of the said company

(name of the 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 unsecured creditors for conversion of the company into limited liability partnership has been obtained;

(v) that all the documents due for filing including balance sheet and annual return for the immediately preceding financial year 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 shareholders (may be given in a tabular form)
2. Incorporation Document & Statement in Form 2 filed electronically.
3. Statement of Assets and Liabilities of the company duly certified as true and correct by the auditor.
4. List of all the unsecured creditors along with their consent. (may be attached in a tabular form)
5. Approval from any other body/authority.
6. Optional attachment.

To be digitally signed by a partner or designated partner

Date:

Place:

(The statement(s) of remaining shareholder (s) shall be given in the above format as a tabular statement as an attachment.)

**Certificate**

It is hereby certified that I have verified the above particulars from the books and records of   
(name of the company) and found them to be true and correct.

○ **Company secretary in practice** ○ **Chartered Accountant in practice** ○ **Cost Accountant in practice**  
**Digitally Signed**

Certificate of Practice Number

Date:

Place:

Modify	Check Form	Pre-scrutiny	Submit
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For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

This e-form is hereby rejected

**FORM 19**

[See rule 32(1)]

Certificate of Registration on  
Conversion  
of

.....  
[ Firm/ company]

to

.....  
[ Insert name of limited liability partnership]

LLPIN \_\_\_\_\_ of 20\_\_ - \_\_

I hereby certify that \_\_\_\_\_ Limited Liability  
Partnership is this day registered pursuant to section 58(1) of the  
Limited Liability Partnership Act, 2008.

Given under my hand at \_\_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_, Two thousand \_\_\_\_\_.

Registrar

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**FORM 20**

[See rule 35(1)]

Limited liability partnership application No..... of 20...  
..... Applicants

**Affidavit in support of Summons**

I,..... of ..... solemnly affirm and state as follows:

1. I am the designated partner/ partner of the said limited liability partnership, or the liquidator of the said limited liability partnership in liquidation.

(Where the application is not by the limited liability partnership or its liquidator, but by a partner or creditor, the above paragraph should be suitably altered).

2. The limited liability partnership was incorporated on ....20\_\_\_\_. The document now produced and shown to me is a copy of the incorporation document of the said limited liability partnership.

3. The registered office of the limited liability partnership is situated at.....

4. The limited liability partnership commenced the business of.....(e.g..., manufacture of auto parts etc.) and has been carrying on the same, since.....

5. (Here set out in separate paragraphs the circumstances that have necessitated the proposed compromise or arrangement, the objects sought to be

achieved by it, and the terms of the compromise or arrangement. A copy of the proposed compromise or arrangement should be marked as an exhibit and annexed to the affidavit).

8. (Here set out the class of creditors or partners with whom the compromise or arrangement is to be made; where the arrangement is between the limited liability partnership and its partners, it should be stated whether any creditors or class of creditors are likely to be affected by it.)

9. It may be necessary that a meeting (or meetings) of the creditors or partners (if the meeting is only to be of a class of creditors, it should be so stated), should be called to consider and approve the proposed compromise or arrangement.

10. It is suggested that the meeting (or meetings) may be held at the premises of the registered office of the limited liability partnership or at such other place as may be determined by the Tribunal, and on such date(s) and at such time(s) as this Tribunal may direct; and that a chairman may be appointed for the meeting (or for each of the meetings) to be held.

11. It is suggested that notice of the proposed compromise or arrangement and of the meeting may be published once in (here set out the newspapers) and in such other manner as the Tribunal may direct.

12. It is prayed that necessary directions may be given as to the issue and publication of notices and the

convening, holding and conducting of the meeting(s)  
proposed above.

Solemnly affirmed.

Sd/- A.B.

Before me

Sd/-

Commissioner for Oaths

Date:

Place:

**FORM 21**

[See rule 35(2)]

Limited liability partnership application No..... of 20...  
..... Applicants

**Summons for directions to convene a meeting under  
section 60(1)**

Let all parties concerned attend the Member of the Tribunal in Chamber on..... day, the ..... Day of 20..., at .....o' clock in the ..... noon on the hearing of the applicant of the above named limited liability partnership [or of the applicant(s) above named] for an order that a meeting ( or separate meetings) be held at ..... of [ Here enter the class or classes of creditors or the partners of which the meetings have to be held] of the above limited liability partnership, for the purpose of considering, and if thought fit, approving, with or without modification, a scheme of compromise or arrangement proposed to be made between the limited liability partnership and the said (here mention the class or classes of creditors or partners) of the said limited liability partnership;

And that directions may be given as to the method of convening, holding and conducting the said meeting(s) and as to the notices and advertisements to be issued.

And that a chairman (or chairmen) may be appointed of the said meeting(s), who shall report the result thereof to the Tribunal.

Authorized representative for the applicant(s)

Officer of the Tribunal.

The affidavit of.....will be used in support of the summons.

**Note:** Where the limited liability partnership is not the applicant, the summons should be served on the limited liability partnership, or, where it is being wound up, on its liquidator.

Date:

Place:

**FORM 22**  
[See rule 35(11) and (17) and 41(4)]  
**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. \*LLPIN
2. \*Name of the limited liability partnership
3. Address of registered office  
\*Line 1   
\*Line 2   
\*City  District   
\*State  \*PIN Code   
\*ISO Country Code   
\*Country   
Phone  Fax   
\*Email ID
4. \*Order of Court/ Tribunal/CLB/Central Government
5. \*Date of order
6. \*Date of receipt of certified copy
7. \*Section or rule reference
8. \*Description of order
9. \*Submitted by or on behalf of :-

Name

Address

\* Line I

\*Line II

\*City/Town/Village :

\*District :

\*State:

\*Pin code :

**Attachment.**

- (i) \*Certified copy of the order.
- (ii) Optional 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.

To be digitally signed by

(Designated partner in case of LLP or by authorized representative in other cases)

DPIN, if applicable

Dated:

Place:

Modify	Check Form	Pre-scrutiny	Submit
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**For Office use only:**

This e-Form is hereby registered

Digital Signature of the authorizing officer \_\_\_\_\_submit to  
BO\_\_\_\_\_

**FORM 23**

[See rule 19(1)]

Application for direction to LLP to change its name

1 \*Name of the applicant

2 \*Address of the applicant

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

\*Country

Phone  Fax

Email ID

3 \*LLPIN of limited liability partnership or the CIN of the company or  
Registration No. of other entity, if any

4 (a) \*The name with which the limited liability partnership  
or the company or any other entity was incorporated

or registered

(b) \*Address

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code

\*Country

Phone  Fax

Email ID

5 Grounds of objection

**Attachments.**

1. Copy of the authority to make application.
2. Copy of incorporation/registration certificate of limited liability partnership or the company or registration certificate of other entity, if any.
3. Optional 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 authorized to sign and submit this application.

To be digitally signed by the applicant

Date

Place

**For Office use only:**

This e-Form is hereby approved

This e-Form is hereby rejected

Digital Signature of the authorizing officer  
Submit to BO

**FORM 24**

[See rule 37(1)(b)]

**Application to the Registrar for striking off name**

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

1. \*LLPIN

2. \*Name of the limited liability partnership

3. \*Registered office address

\*Line 1

\*Line 2

\*City

District

\*State

\*PIN Code

\*ISO Country Code

\*Country

Phone

Fax

\*Email ID

4. \*Name and address of the designated partners

(In case of more than 5 designated partners, attach details of such designated partners in a separate sheet as an attachment)

\*Name

\*Address

\*Line I

\*Line II

\*City/Town/Village

District :

\*State:

\*Pin code

5. \*Name and address of other partners

(In case of more than 5 partners, attach details of remaining partners in a separate sheet as an attachment)

\*Name

Address

\* Line I

\*Line II

\*City/Town/Village :

District :

\*State:

\*Pin code :

6. \*Whether up to date Income-tax returns filed.

Yes  No

7. \*Whether consent of all the partners obtained.

Yes  No

8. \*Copy of the latest statement of assets and liabilities not preceding 30 days of the date of filing application attached.

Yes

**Attachments**

1. \*Copy of detailed application
2. Copy of authority to make the application
3. Copy of consent of all partners or creditors.
4. Copy of the undertaking in case of striking off name.
5. Optional 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 authorized to sign and submit this application.

To be digitally signed by the designated partner

DPIN

Date

Place

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

This e-form is hereby rejected

**FORM 25**

[See rule 18(3)]

**Application for reservation/renewal of name by a foreign LLP/foreign company**

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

Reservation    Renewal of Reservation

SRN of reservation

1. \*Name of the applicant

Address of the applicant

\*Line 1

\*Line 2

\*City  District

State  \*PIN Code

\*ISO Country Code

Country

Phone  Fax

Email ID

2. Name of the foreign limited liability partnership or foreign company

3. Registered office address or principal place of business address of foreign limited liability partnership or foreign company

\*Line 1

\*Line 2

\*City  District

State  \*PIN Code

\*ISO Country Code

Country

Phone  Fax

Email ID

4. \*Date of incorporation/ registration

(DD/MM/YYYY)

5. \*Incorporation or registration number

6. \*Country of incorporation or registration

**Attachments**

1. Certified copy of the incorporation or registration certificate.
2. Certified copy of the authority to submit the application
3. Optional 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 thereunder.

I have been authorized to sign and submit this application.

To be digitally signed by applicant

Date:

Place:

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

This e-form is hereby rejected

**FORM 26**

[See rule 35(4)]

**FORM OF PROXY**

-----  
(Name of limited liability partnership)

I ..... being a partner of the above named limited liability partnership hereby appoint ..... or failing him, ..... as my proxy to vote for me on my behalf at the meeting of the partners of the limited liability partnership to be held on the ..... day of ..... 20....

Signed this ..... day of ..... 20....                      Signature of Partner

Place: \_\_\_\_\_

**FORM 27**

[See rule 34(1)]

**Form for registration of particulars by foreign limited liability partnership**

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

1. \*Name of the limited liability partnership incorporated or registered outside India :

2. (i) \*Country where the limited liability partnership 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

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

---

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

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*Country

\*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	<input type="text"/>		
*Line II	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>
*Pin	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
*Email ID	<input type="text"/>		

7. \*List 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 authorized  [ drop down]

Particulars of person authorized

1. Income-tax permanent account number(PAN)

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

\*First Name

\*Surname

\*Father's / Husband's Name:

\*Designation:

\*Nationality:

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

\*Nationality of origin:

\*Date of birth

Others (please specify)

If already a partner of partnership firm or limited liability partnership or director of a company, specify the following:

No. of partnership firms in which he is a partner  Dropdown

Names & addresses of the partnership firm(s)

Name:

Address of principal office:

No. of limited liability partnership(s) in which he is a partner   
Dropdown

LLPIN and name of the limited liability partnership(s)

LLPIN  Name of limited liability partnership

No. of Company (ies) in which he is a director  Dropdown

DIN

Name and CIN of the Company(ies)

CIN  Name of Company

Permanent residential address

Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

Phone  Fax

\*Email ID

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

Yes  No

Present residential address

Line I

Line II   
City  State   
Pin  ISO Country Code   
Phone  Fax   
Email ID

Note: In case the authorized representatives are more than five, attach details in respect of remaining representatives in separate sheet as attachment.

**8. List of partners & designated partners, if any,-**

\*Number of partners

\*Number of designated partners, if any

\*Particulars of partners;-

**Present Name**

\*First name :

\*Last name :

\*Middle name :

**Former Name(if any)**

\*First name :

\*Last name :

\*Middle name :

\*Father's / Husband's Name :

\*Nationality :

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

\*Nationality of origin:

\*Date of birth :

\*Business/occupation :

Others (please specify)

\*Whether designated partner Yes  No

Usual residential address

Address \*Line I   
\*Line II   
\*City  \*State   
\*Pin  \*ISO Country Code   
\*Country   
Phone  Fax   
Email ID

\*Whether nominee of a body corporate Yes  No

If Yes,

(i) Name of the body corporate

(ii) Address of registered or principal office of the body corporate

Line I   
Line II   
City  State   
Pin  ISO Country Code   
Phone  Fax   
Email ID

Note: In case the partners/ designated partners are more than five, attach details in respect of remaining partners/ designated partners in separate sheet as attachment.

### Attachments

1. 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.
2. Extracts of the Statute under which the foreign limited liability partnership has been set up.
3. Copy of authority under which the foreign limited liability partnership is establishing the place of business in India

4. Copy of approval of Reserve Bank of India for allowing the foreign limited partnership to establish place of business in India
5. 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.
6. Power of attorney in favour of authorized representative
7. Optional 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:**

Authorized representative of foreign limited liability partnership

Date:

Place:

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby registered

**FORM 28**

[See rule 34(3)]

**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.**

\*Name of the LLP incorporated or registered outside India:

\*Country where the LLP is incorporated

\*Financial year ended on

(name of the foreign LLP) having established a  
place of business in India at

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

A brief description of the alteration is given hereunder:

As per decision taken by LLP on

Shri

was authorised to file this alteration with the Registrar.

[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 .

(ii) The new address is as under:-

Line I   
Line II   
City  State   
Pin  ISO Country Code   
Country   
Phone  Fax   
Email ID

(C) the partner or designated partner of a limited liability partnership incorporated or registered outside India

(i) partner/designated partner of the LLP (if individual)

Name and surname in full	Usual residential address, email ID	Nationality	Business/ occupation or if there is no business/ occupation, particulars of other partnership/ directorships held, if any	Remarks as to alteration

--	--	--	--	--

(ii) partner/designated partner of the LLP (if bodies corporate)

Corporate Name	Registered office or principal office of body corporate	Names of directors/partners of body corporate		Remarks as to alteration
		Full name and address of each director or partner	Nationality of each director or partner and nationality of origin if different from present nationality	

---

### **Attachments**

1. Copy of the decision or other document through which alteration has been made
2. 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.
3. Power of attorney in favour of authorized representative
4. Optional 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:**

Authorized representative of foreign limited liability partnership

Date:

Place:

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby registered

## **FORM 29**

*[See rule 34(3) and (8)]*

- (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 authorized 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.**

\*Name of the foreign LLP:

\* FLLPIN

\*Country where the foreign LLP is incorporated

The above mentioned foreign LLP having established a place of business in India at  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 authorized 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

**(B) alteration in the name or address of any of the persons authorized to accept service on behalf of a foreign limited liability partnership in India;**

(1)

Present name and surname in full	Usual residential address	Remarks as to alteration (give date)

(2) Date of 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

(2) Date of alteration

(3) The changed address is as under:-

Line I

Line II

City

State

Pin

ISO Country Code

Country

Phone

Fax

Email ID

**(D) (1) that it intends to close its place of business in India at the following places--**

Line I   
Line II   
City  State   
Pin  ISO Country Code   
Country   
Phone  Fax   
Email ID

- (2) Date of intention to close
- (3) That the LLP is not maintaining the place of business at any other place in India.
- (4) That the LLP has filed with the Registrar all documents due for filing.

#### **Attachments**

- (i) Copy of the decision or other document through which alteration has been made
- (ii) Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership
- (iii) Power of attorney in favour of authorized representative
- (iv) Optional 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:**

Authorized representative of foreign limited liability partnership

Date:

Place:

[Modify](#) [Check form](#) [Pre-scrutiny](#) [Submit](#)

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby registered

[Confirm submission](#)

**Form 30**

[See rule 34(10)]

**Certificate for Establishment of Place of Business in India**

Foreign Limited Liability Partnership Registration  
Number: -----

Year -----

I hereby certify that Form No 27 dated \_\_\_\_\_  
filed pursuant to rule 34 of the Limited Liability  
Partnership Rules, 2009 informing establishment of place  
of business in India at \_\_\_\_\_ with effect  
from \_\_\_\_\_ by \_\_\_\_\_, a Limited Liability  
Partnership originally incorporated in \_\_\_\_\_ has been  
registered.

Given under my hand at \_\_\_\_\_ this \_\_\_\_\_ day  
of \_\_\_\_\_ Two Thousand \_\_\_\_\_.

Registrar

**(Seal)**

**FORM 31**

[See rule 41(1)]

**Application for compounding of an offence under the Act**

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

1. \*LLPIN

2. \*Name of the limited liability partnership

3. Registered Office Address

\*Line 1

\*Line 2

\*City  District

\*State  \*PIN Code

\*ISO Country Code  \*Country

Phone  Fax

\*Email ID

4. \*Name and address of the persons seeking compounding of the offence

(In case of more than 5 persons, attach details of such persons in a separate sheet as an attachment)

\*Name

\*Address

\*Line I

\*Line II

\*City/Town/Village

District :

\*State:

\*Pin code

5. Name and address of the persons who have received the show cause notice, if any.

(In case of more than five persons, attach details of remaining persons in a separate sheet as an attachment)

Name

Address

Line I

Line II

City/Town/Village :

District :

State:

Pin code :

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

\*(ii) indicate the relevant penalty provisions of the Act

7. 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.

8. Copy of the latest statement of assets and liabilities attached.

Yes

#### Attachments

1. \*Copy of detailed application
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. Optional 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 authorized to sign and submit this application on behalf of the

(name of persons on whose behalf application is made)

To be digitally signed by the designated partner or Authorized representative

DPIN

Date

Place

-----  
For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

This e-form is hereby rejected