

[TO BE PUBLISHED IN THE GAZETTE OF INDIA, EXTRAORDINARY, PART II, SECTION 3, SUB SECTION (i)]

MINISTRY OF CORPORATE AFFAIRS

NOTIFICATION

New Delhi, the 5th June, 2012

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

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

(2) They shall come into force with effect from 11th June, 2012.
2. In the Limited Liability Partnership Rules, 2009 (hereinafter referred to as the said rules), after rule 8, the following proviso shall be inserted, namely:-
“Provided that in case of incorporation, the individual who has given consent to act as partner or designated partner shall file consent in Form-2 along with fee as mentioned in annexure-A.”
3. in the said rules, in rule 18, in sub-rule (2) –
 - (a) in clause (ix), the following proviso shall be inserted, namely:-
“Provided that the name shall be reserved, in case the “No Objection Certificate” is granted by the registered Limited Liability Partnership or company, as the case may be.”;
 - (b) for clause (xiii), the following clause shall be substituted, namely:-
“ (xiii) it includes words like ‘Bank’, ‘Insurance’, and ‘Banking’, ‘Venture capital’ or ‘mutual fund’ or business activity includes the words like ‘Bank’, ‘Insurance’, and ‘Banking’, ‘Venture capital’ or ‘mutual fund’ or such similar names without the approval of regulatory authority :
Provided that the approval of regulatory authority shall be obtained at the time of application for incorporation or change of name of an existing Limited Liability Partnership, as the case may be.”;
 - (c) in clause (xvi), the following proviso shall be inserted, namely:-
“Provided that the approval of the council governing the profession shall be obtained at the time of application for incorporation or change of name of an existing Limited Liability Partnership, as the case may be.”
4. In Annexure ‘A’ of the said rules,-
 - (a) after para 3, the following para shall be inserted, namely:-
“3A. For filing, registering or recording notice of appointment, cessation, change in name,

address, designation of a partner or designated partner, intimation of Designated Partner Identification Number and consent to become a partner or designated partner in Form 4.

Rs. 50” ;

(b) in para 4, after item (e), the following item shall be inserted, namely :-

“(f) An application for striking off name of defunct Limited Liability Partnership under rule 37

Rs. 500 ” .

5. In the said rules, for Forms 1 to 31, the following forms shall be substituted, namely:-

LLP FORM NO. 1

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

Application for reservation or change of name

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

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

Part A: Reservation of name

2. Details of applicant

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

(b) * Designated partner identification number (DPIN)

05000002

Pre-fill

(c) Name of the applicant

(d) Present residential address

(e) Phone

(f) Mobile

(g) Fax

(h) e-mail ID

(i) * Occupation

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

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

* DPIN

Pre-fill

Name of the designated partner

Whether resident of India

Yes No

In case of nominee of a body corporate:

Type of body corporate

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

Pre-fill

Name of the body corporate

Date of resolution authorizing the nominee

(DD/MM/YYYY)

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

*DPIN

Name of the designated partner

Whether resident of India Yes No

In case of nominee of a body corporate:

Type of body corporate

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

Name of the body corporate

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

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

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

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

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

(i) Name of the firm

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

Name of the Statute/law under which firm is registered

Name of the state in which firm is registered

Date of registration (DD/MM/YYYY)

Registration number

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

CIN of the company

Name of the company

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

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

(in words)

Part B: In case of change of name

9. *LLPIN

10.(a) Name of the LLP

(b) Address of the registered office of the LLP

(c) *e-mail ID

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

If Yes, mention new/ changed business of the LLP

If No, give other reasons for change of name

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

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

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

(a). *

(b).

(c).

(d).

(e).

(f).

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

(a).

(b).

(c).

(d).

(e).

(f).

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

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

Attachments

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

List of attachments

Verification

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

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

I am a proposed subscriber to the Incorporation Document

I have been authorized by

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

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

To be digitally signed by

Designated partner

*DPIN of the designated partner

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

LLP FORM NO. 2

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

Incorporation Document and
Subscriber's Statement

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

Part A: Incorporation document

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

2. Name of Limited Liability Partnership (LLP)

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

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

5. *Address of registered office of the LLP

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>	*District	<input type="text"/>
State	<input type="text"/>	*PIN Code	<input type="text"/>
Country	<input type="text"/>		
ISO country code	<input type="text"/>	*Phone	<input type="text"/>
		Fax	<input type="text"/>
*e-mail ID	<input type="text"/>		

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

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

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

Description of main division of industrial activity

8 (a). * Total number of designated partners

(b). * Total number of partners

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

1

Details in respect of individuals as designated partners	
(a) *Designated partner identification number (DPIN)	<input type="text"/> <input type="button" value="Pre-Fill"/>
(b) Name	<input type="text"/>
(c) Father's Name	<input type="text"/>
(d) Nationality	<input type="text"/>
(e) Whether resident of India	<input type="radio"/> Yes <input type="radio"/> No
(f) Date of Birth	<input type="text"/> (DD/MM/YYYY)
(g) *Occupation	<input type="text"/>
(h) Present residential address	<input type="text"/>
(i) In case of company seeking conversion	
(i) Number of shares held	<input type="text"/>
(ii) Paid up value of shares held (in ₹)	<input type="text"/>
(j) *Form of contribution	<input type="text"/>
(k) *Monetary value of contribution (in ₹)	<input type="text"/>
(in words)	<input type="text"/>
(l) *Number of LLP(s) in which he/ she is a partner	<input type="text"/>
(m) *Number of company(s) in which he/ she is a director	<input type="text"/>

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

1

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

(a) *Type of body corporate

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

(c) *Name of body corporate

(d) *Country where registered

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

ISO country code Phone Fax

*e-mail ID

(f) In case of company seeking conversion

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

(g) *Form of contribution

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

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

(i) *DPIN

(ii) Name

(iii) Father's Name

(iv) Present residential address

(v) Nationality

(vi) Whether resident of India Yes No

(vii) Date of Birth (DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority in body corporate

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

1

Details in respect of individuals as partners

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

(b) *Name of partner

(c) *Father's Name

(d) *Nationality

(e) *Whether resident in India Yes No

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

(g) *Occupation

(h) *Permanent Residential Address

*Line I

Line II

*City *District

*State *Pin code ISO country code

*Country

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

(j) *If no, present residential address:

*Line I

Line II

*City *District

*State *Pin code

*Country

ISO country code Phone Fax

Mobile

*e-mail ID

(k) In case of company seeking conversion

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

(l) *Form of contribution

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

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

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

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

1

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

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

(in ₹) (in figures)

(in words)

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

Yes No

15. We, the several partners whose names are subscribed below, are desirous of being formed into a LLP for carrying on a lawful business with a view to earn profit and have entered or agreed to enter into a LLP agreement in writing. We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated against our respective names. We hereby give our consent to become a partner/ designated partner/ nominee/ nominee & designated partner of the LLP pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008.

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

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

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

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

Attachments

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

List of attachments

Part B: Statement

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

I, the designated partner of the LLP do state that

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

To be digitally signed
by a designated partner

*DPIN of the designated partner

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

I

Son Daughter of

do state that

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

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

(name of regulatory body) is

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

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

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

Whether associate or fellow Associate Fellow

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

Addendum to LLP Form 2

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

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

Part A: Incorporation document

1. (a) *Indicate Registrar's reference number for name approval (Service Request Number (SRN) of Form 1)
- (b) *SRN of Form 2
2. Name of Limited Liability Partnership (LLP)
3. *Number of individual designated partner(s) for which this form is being filed

1

Details in respect of individuals as designated partners

- (a) *Designated partner identification number (DPIN)
- (b) Name
- (c) Father's Name
- (d) Nationality
- (e) Whether resident of India Yes No
- (f) Date of Birth (DD/MM/YYYY)
- (g) *Occupation
- (h) Present residential address
- (i) In case of company seeking conversion
(i) Number of shares held (ii) Paid up value of shares held (in ₹)
- (j) *Form of contribution
- (k) *Monetary value of contribution (in ₹)
(in words)
- (l) *Number of LLP(s) in which he/ she is a partner
- (m) *Number of company(s) in which he/ she is a director

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

1

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

(a) *Type of body corporate

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

(c) *Name of body corporate

(d) *Country where registered

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

ISO country code Phone Fax

*e-mail ID

(f) In case of company seeking conversion
(i) Number of shares held (ii) Paid up value of shares held (in ₹)

(g) *Form of contribution

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

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

(i) *DPIN

(ii) Name

(iii) Father's Name

(iv) Present residential address

(v) Nationality

(vi) Whether resident of India Yes No

(vii) Date of Birth (DD/MM/YYYY)

(viii) *Occupation

(ix) *Designation & Authority in body corporate

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

1

Details in respect of individuals as partners

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

(b) *Name of partner

(c) *Father's Name

(d) *Nationality

(e) *Whether resident in India Yes No

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

(g) *Occupation

(h) *Permanent Residential Address

*Line I

Line II

*City *District

*State *Pin code ISO country code

*Country

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

(j) *If no, present residential address:

*Line I

Line II

*City *District

*State *Pin code

*Country

ISO country code Phone Fax

Mobile

* e-mail ID

(k) In case of company seeking conversion

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

(l) *Form of contribution

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

(in words)

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

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

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

1

Details in respect of bodies corporate as partners and their nominees

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

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

Yes No

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

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

Attachments

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

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Part B: Statement

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

I, the designated partner of the LLP do state that

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

**To be digitally signed
by a designated partner**

*DPIN of the designated partner

Statement by an Advocate/Chartered Accountant/ Cost Accountant in practice

I

Son Daughter of

do state that

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

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

(name of regulatory body) is

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

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

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

Whether associate or fellow Associate Fellow

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

LLP FORM NO. 3

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

[Pursuant to rule 21(1) & (2) of Limited Liability Partnership Rules, 2009]

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

1. *Form filed for Filing information with regard to LLP Agreement
 For information with regard to changes in LLP Agreement

2. * Limited Liability Partnership Identification Number (LLPIN)

3. Name of the Limited Liability Partnership (LLP)

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

(b) * e-mail ID

Part A- For filing information with regard to LLP Agreement

5. (i) *Place at which the initial Agreement is made

(ii) *Date of Agreement (DD/MM/YYYY)

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

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

7. *Obligation to contribute

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

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

S.No.	DPIN/ Income-tax PAN/ Passport Number	Name of Partner	Designation (Partner / Designated Partner)	Form of contribution	Monetary value of contribution	% of profit sharing
1						

(iii) Total Monetary value of partner's contribution in the LLP (in ₹) (in figures)

(iv) Service request number (SRN) of details updated through the screen (if applicable)

8. *Mutual Rights and Duties of Partners

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

10. *Management and Administration of LLP

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

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

11. *Details of indemnity clause, if any

12. *Details of agreement relating to

(a) admission of a new partner

(b) retirement of a partner

(c) cessation of a partner

(d) expulsion of a partner

(e) resignation of a partner

13. *Clause relating to resolution of disputes

(a) between the partners

(b) between the partner and the LLP

14. Information relating to duration of LLP, if any

15. *Information relating to voluntary winding up

16. *Information of clauses in the agreement:

(a) relating to rule 16 (2)

(b) relating to rule 17 (1)

(c) relating to rule 20 (1)

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

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

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

18. *Date of modification of the agreement

(DD/MM/YYYY)

19. *Whether change in agreement is on account of

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

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

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

(c) Description of main division of industrial activity

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

Total number of existing designated partners and partners

Pre-Fill

Total number of designated partners and partners appointed

Type of change	DPIN/ Income-tax PAN/ Passport Number	Name of Partner	Designation (DP/P)	Form of contribution	Monetary value of contribution	% of profit sharing
<input type="radio"/> Deletion <input type="radio"/> Change <input type="radio"/> No Change			<input type="radio"/> DP <input type="radio"/> P			

(b) Details of designated partners and partners appointed

Pre-Fill All

Designation (DP/P)	DPIN/ Income-tax PAN/ Passport Number	Name of Partner	Form of contribution	Monetary value of contribution	% of profit sharing
<input type="radio"/> DP <input type="radio"/> P					

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

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

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

(i) Existing

(ii) Addition

(iii) Reduction

(iv) Total (i+ii-iii)

(v) Total (in words)

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

Attachments

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

List of attachments

Statement

I, the designated partner of the LLP do state that

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

To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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

and found them to be true and correct.

I further certify that all required attachment(s) have been completely attached to this form.

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

*Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 4

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

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

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

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

1. *Limited Liability Partnership identification number (LLPIN)
2. (a) Name of the Limited Liability Partnership (LLP)
- (b) Address of registered office of the LLP
- (c) *e-mail ID
- 3(a). *Total number of designated partners for whom this form (including addendum) is required to be filed
- (b). *Total number of partners for whom this form (including addendum) is required to be filed
- (Refer instruction kit for details on filling the addendum form)
4. *Number of individual designated partner(s) for which this form is being filed

1

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

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

(c) Changed designation (Category)

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

(e) *Designated partner identification number (DPIN)

(f) Name

(g) Father's Name

(h)(i) Permanent residential address

(h)(ii) Present residential address

(i) Nationality

(j) Whether resident of India Yes No (k) Date of Birth (DD/MM/YYYY)

(l) *Occupation

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

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

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

1

(a) *The form is being filed for	<input type="checkbox"/> Appointment	<input type="checkbox"/> Change in nominee	<input type="checkbox"/> Change in designation
	<input type="checkbox"/> Cessation	<input type="checkbox"/> Change in address of body corporate	<input type="checkbox"/> Change in name of body corporate
	<input type="checkbox"/> Change in name of Nominee	<input type="checkbox"/> Change in address of nominee	
(b) *Date of Event	<input type="text"/>	(DD/MM/YYYY)	
(c) *Type of body corporate	<input type="text"/>		
(d) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number	<input type="text"/>	<input type="button" value="Pre-fill"/>	
(e) *Name of body corporate	<input type="text"/>		
(f) *Country where registered	<input type="text"/>		
(g) Full address of the registered office or principal place of business in India	<input type="text"/>		
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
* e-mail ID	<input type="text"/>		
(h) *Previous name address of the body corporate	<input type="text"/>		
(i) Name and particulars of the person signing on behalf of the body corporate as nominee			
(i) *DPIN	<input type="text"/>	<input type="button" value="Pre-fill"/>	
(ii) Name	<input type="text"/>		
(iii) Father's Name	<input type="text"/>		
(iv)(a) Permanent residential address	<input type="text"/>		
(b) Present residential address	<input type="text"/>		
(v) Nationality	<input type="text"/>		
(vi) Whether resident of India	<input type="radio"/> Yes	<input type="radio"/> No	(vii) Date of Birth <input type="text"/> (DD/MM/YYYY)
(viii) *Occupation	<input type="text"/>		
(ix) *Designation & Authority in body corporate	<input type="text"/>		
(x) Changed designation (Category)	<input type="text"/>		
(xi) DPIN/ PAN/ Passport Number of the previous nominee	<input type="text"/>		
(xii) Name of the previous nominee	<input type="text"/>		

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

1

(a) *The form is being filed for	<input type="checkbox"/> Appointment	<input type="checkbox"/> Cessation	<input type="checkbox"/> Change in name of partner
	<input type="checkbox"/> Change in designation	<input type="checkbox"/> Change in address	
(b) *Date of Event	<input type="text"/>	(DD/MM/YYYY)	
(c) *	<input type="radio"/> Income tax permanent account number (Income-tax PAN) or <input type="radio"/> Passport number or <input type="radio"/> DPIN	<input type="text"/>	<input type="button" value="Verify Income-tax PAN/ Pre-Fill"/>
(d) *Name of partner	<input type="text"/>		
(e) *Father's Name	<input type="text"/>		
(f) *Permanent Residential Address			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>	*District	<input type="text"/>
*State	<input type="text"/>	*Pin code	<input type="text"/>
		ISO country code	<input type="text"/>
*Country	<input type="text"/>		
(g) *Whether present residential address is same as the permanent residential address	<input type="radio"/> Yes	<input type="radio"/> No	
(h) *If no, present residential address:			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>	*District	<input type="text"/>
*State	<input type="text"/>	*Pin code	<input type="text"/>
*Country	<input type="text"/>		
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
*e-mail ID	<input type="text"/>		
(i) *Previous name/ previous address	<input type="text"/>		
(j) *Whether resident in India	<input type="radio"/> Yes	<input type="radio"/> No	Mobile <input type="text"/>
(k) *Nationality	<input type="text"/>		
(l) *Date of Birth	<input type="text"/>	(DD/MM/YYYY)	
(m) *Occupation	<input type="text"/>		
(n) Changed designation (Category)	<input type="text"/>		
(o) *Number of LLP(s) in which he/she is a partner	<input type="text"/>		
(p) *Number of company(s) in which he/she is a director	<input type="text"/>		

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

1

(a) *The form is being filed for

Appointment Cessation Change in nominee Change in designation

Change in address of body corporate Change in name of Nominee Change in name of body corporate

Change in address of nominee

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

(c) *Type of body corporate

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

(e) *Name of the body corporate

(f) *Country where registered

(g) *Full address of the registered office

ISO country code Phone Fax

*e-mail ID

(h) *Previous name, address of the body corporate

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

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

(ii) * Name of partner

(iii) *Father's Name

(iv) *Permanent Residential Address

*Line I

Line II

* City * District

* State Pin code ISO country code

* Country

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

(vi) *If no, present residential address:

*Line I

Line II

*City * District

*State * Pin code

*Country

ISO country code Phone Fax

*e-mail ID

(vii) Previous name/
Previous address

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

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

(xi) *Occupation

(xii) * Designation & Authority
in body corporate

(xiii) Changed designation (Category)

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

(xv) Name of the previous
nominee

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

Note 1. Attach the consent to become a partner/ designated partner in the following format as an attachment:

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

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

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

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

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

Attachments

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

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Statement

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

* To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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

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

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

*Whether associate or fellow Associate Fellow

*Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

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

OR

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing (DD/MM/YYYY)

Addendum to LLP Form 4

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

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

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

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

1. *Limited Liability Partnership identification number (LLPIN)

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

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

1

(a) *The form is being filed for	<input type="checkbox"/> Appointment	<input type="checkbox"/> Cessation	<input type="checkbox"/> Change in designation
	<input type="checkbox"/> Change in name	<input type="checkbox"/> Change in address	
(b) *Date of Event	<input type="text"/>	(DD/MM/YYYY)	
(c) Changed designation (Category)	<input type="text"/>		
(d) *In case of change in designation to Designated Partner, DPIN/ Income-tax PAN/ Passport number of partner	<input type="text"/>		
(e) *Designated partner identification number (DPIN)	<input type="text"/>	<input type="button" value="Pre-Fill"/>	
(f) Name	<input type="text"/>		
(g) Father's Name	<input type="text"/>		
(h)(i) Permanent residential address	<input type="text"/>		
(h)(ii) Present residential address	<input type="text"/>		
(i) Nationality	<input type="text"/>		
(j) Whether resident of India	<input type="radio"/> Yes	<input type="radio"/> No	(k) Date of Birth <input type="text"/> (DD/MM/YYYY)
(l) *Occupation	<input type="text"/>		
(m) *Number of LLP(s) in which he/ she is a partner	<input type="text"/>		
(n) *Number of company(s) in which he/ she is a director	<input type="text"/>		

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

1

(a) *The form is being filed for	<input type="checkbox"/> Appointment	<input type="checkbox"/> Change in nominee	<input type="checkbox"/> Change in designation
	<input type="checkbox"/> Cessation	<input type="checkbox"/> Change in address of body corporate	<input type="checkbox"/> Change in name of body corporate
	<input type="checkbox"/> Change in name of Nominee	<input type="checkbox"/> Change in address of nominee	
(b) *Date of Event	<input type="text"/>	(DD/MM/YYYY)	
(c) *Type of body corporate	<input type="text"/>		
(d) *Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number	<input type="text"/>	<input type="button" value="Pre-fill"/>	
(e) *Name of body corporate	<input type="text"/>		
(f) *Country where registered	<input type="text"/>		
(g) Full address of the registered office or principal place of business in India	<input type="text"/>		
ISO country code	<input type="text"/>	Phone <input type="text"/>	Fax <input type="text"/>
* e-mail ID	<input type="text"/>		
(h) *Previous name address of the body corporate	<input type="text"/>		
(i) Name and particulars of the person signing on behalf of the body corporate as nominee			
(i) *DPIN	<input type="text"/>	<input type="button" value="Pre-fill"/>	
(ii) Name	<input type="text"/>		
(iii) Father's Name	<input type="text"/>		
(iv)(a) Permanent residential address	<input type="text"/>		
(b) Present residential address	<input type="text"/>		
(v) Nationality	<input type="text"/>		
(vi) Whether resident of India	<input type="radio"/> Yes	<input type="radio"/> No	(vii) Date of Birth <input type="text"/> (DD/MM/YYYY)
(viii) *Occupation	<input type="text"/>		
(ix) *Designation & Authority in body corporate	<input type="text"/>		
(x) Changed designation (Category)	<input type="text"/>		
(xi) DPIN/ PAN/ Passport Number of the previous nominee	<input type="text"/>		
(xii) Name of the previous nominee	<input type="text"/>		

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

1

(a) *The form is being filed for	<input type="checkbox"/> Appointment	<input type="checkbox"/> Cessation	<input type="checkbox"/> Change in name of partner
	<input type="checkbox"/> Change in designation	<input type="checkbox"/> Change in address	
(b) *Date of Event	<input type="text"/>	(DD/MM/YYYY)	
(c) *	<input type="radio"/> Income tax permanent account number (Income-tax PAN) or <input type="radio"/> Passport number or <input type="radio"/> DPIN	<input type="text"/>	<input type="button" value="Verify Income-tax PAN/ Pre-Fill"/>
(d) *Name of partner	<input type="text"/>		
(e) *Father's Name	<input type="text"/>		
(f) *Permanent Residential Address			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>	*District	<input type="text"/>
*State	<input type="text"/>	*Pin code	<input type="text"/>
		ISO country code	<input type="text"/>
*Country	<input type="text"/>		
(g) *Whether present residential address is same as the permanent residential address	<input type="radio"/> Yes <input type="radio"/> No		
(h) *If no, present residential address:			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>	*District	<input type="text"/>
*State	<input type="text"/>	*Pin code	<input type="text"/>
*Country	<input type="text"/>		
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
*e-mail ID	<input type="text"/>		
(i) *Previous name/ previous address	<input type="text"/>		
(j) *Whether resident in India	<input type="radio"/> Yes <input type="radio"/> No	Mobile	<input type="text"/>
(k) *Nationality	<input type="text"/>		
(l) *Date of Birth	<input type="text"/>	(DD/MM/YYYY)	
(m) *Occupation	<input type="text"/>		
(n) Changed designation (Category)	<input type="text"/>		
(o) *Number of LLP(s) in which he/she is a partner	<input type="text"/>		
(p) *Number of company(s) in which he/she is a director	<input type="text"/>		

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

1

(a) *The form is being filed for

Appointment Cessation Change in nominee Change in designation

Change in address of body corporate Change in name of Nominee Change in name of body corporate

Change in address of nominee

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

(c) *Type of body corporate

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

(e) *Name of the body corporate

(f) *Country where registered

(g) *Full address of the registered office

ISO country code Phone Fax

*e-mail ID

(h) *Previous name, address of the body corporate

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

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

(ii) *Name of partner

(iii) *Father's Name

(iv) *Permanent Residential Address

*Line I

Line II

* City * District

* State Pin code ISO country code

* Country

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

(vi) *If no, present residential address:

*Line I

Line II

*City * District

*State * Pin code

*Country

ISO country code Phone Fax

*e-mail ID

(vii) Previous name/
Previous address

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

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

(xi) * Occupation

(xii) * Designation & Authority
in body corporate

(xiii) Changed designation (Category)

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

(xv) Name of the previous
nominee

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

Note 1. Attach the consent to become a partner/ designated partner in the following format as an attachment:

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

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

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

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

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

Attachments

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

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

Statement

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

* To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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

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

- * Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
- Company secretary (in whole-time practice)
- * Whether associate or fellow Associate Fellow
- * Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

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

OR

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing (DD/MM/YYYY)

LLP FORM NO. 5

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

Notice for change of name

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

1. *Limited Liability Partnership Identification number (LLPIN)
2. (a) Name of the Limited Liability Partnership (LLP)
(b) Address of registered office of the LLP
(c) *e-mail ID
3. *Service Request Number (SRN) of Form1
4. Whether change in name is due to change in business of the LLP Yes No
If yes, mention new/changed business of LLP
If no, give other reasons for change of name
5. Whether change in name is based on the procedure laid down in the LLP agreement
 with consent of partners
 based on the direction from Central Government
6. New name of LLP after change
7. SRN of Form 3 (in case change of name is due to change in business of LLP)
8. *Date on which consent of partner(s) was taken under sub-rule(1) of rule 20 (DD/MM/YYYY)

Attachments

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

List of attachments

Statement

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

*To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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

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

- * Company Secretary in whole time practice Cost Accountant in whole time practice
- Chartered Accountant in whole time practice

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

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

LLP FORM NO. 8

Statement of Account & Solvency

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

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

*Annual or Interim Annual Interim

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

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

Pre-fill

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

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

*e-mail ID of the LLP

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

Part A: Statement of Solvency

We being the designated partners or authorized representatives of

do solemnly affirm and sincerely declare that we have made a full inquiry into the affairs of this Limited Liability Partnership/ Foreign Limited Liability Partnership, and that, having done so, have formed the opinion that the LLP/ FLLP, is is not able to pay its debts in full as they become due in the normal course of business.

We append a Statement of the Assets and Liabilities as at (DD/MM/YYYY) and Income and Expenditure for the period ended on (DD/MM/YYYY) being the latest practicable date before the making of this declaration.

We have already filed a statement indicating creation of charges or modification or satisfaction thereof till the present financial year.

We declare that the turnover does not exceed exceeds 40 lakh.

We declare that the obligation of contribution does not exceed exceeds 25 lakh rupees.

The partners/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 make this statement conscientiously believing it to be true, and by virtue of the provisions of the Limited Liability Partnership Act, 2008, the rules made thereunder.

Part B: Statement of AccountStatement of Assets and Liabilities as at (DD/MM/YYYY)

Particulars	Figures as at the end of the current reporting period	Figures as at the end of the previous reporting period (in ₹)
I. CONTRIBUTION AND LIABILITIES		
1. Partner's Funds		
Contribution received		
Reserves & surplus (including surplus being the profit/loss made during year)		
2. Liabilities		
Secured loans		
Unsecured loans		
Short term borrowing		
Creditors/trade payables -		
Advance from customers		
Other liabilities (to specify)		
<input type="text"/>		
Provisions		
for taxation		
for contingencies		
for insurance		
Other provisions (if any)		
Total	0.00	0.00
II ASSETS		
Gross Fixed assets(including intangible assets)		
Less: depreciation and amortization		
Net fixed assets	0.00	0.00
Investments		
Loans and advances		
Inventories		
Debtors/trade receivables		
Cash and cash equivalents		
Other assets (to specify)		
<input type="text"/>		
TOTAL	0.00	0.00

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

***Statement of Income and Expenditure**

(in ₹)

Particulars	Figures for the period (Current reporting period)		Figures for the period (Previous reporting period)	
	From	(DD/MM/YYYY)	From	(DD/MM/YYYY)
Income	To	(DD/MM/YYYY)	To	(DD/MM/YYYY)
Gross turnover				
Less: Excise duty or service tax				
Net Turnover details				
Domestic turnover				
(i) Sale of goods manufactured				
(ii) Sale of goods traded				
(iii) Sale or supply of services				
Export turnover				
(i) Sale of goods manufactured				
(ii) Sale of goods traded				
(iii) Sale or supply of services				
Other Income				
Increase/(decrease) in stocks [including for raw materials, work in progress and finished goods]				
Total income		0.00		0.00
Expenses				
Raw material consumed				
Purchases made for re-sale				
Consumption of stores and spare parts				
Power and fuel				
Personnel Expenses				
Administrative expenses				
Payment to auditors				
Selling expenses				
Insurance expenses				
Depreciation and amortization				
Interest				
Other expenses				
Total expenditure				
Net Profit or Net Loss (before taxes)		0.00		0.00
Provision for Tax				
Profit after Tax		0.00		0.00
Profit transferred to Partners' account				
Profit transferred to Reserves and surplus		0.00		0.00

Attachments

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

List of attachments

Signature of Designated Partners of LLP or authorized representatives (AR) of a Foreign LLP	<input type="text"/>	*DPIN/ Income-tax PAN	<input type="text"/>
Signature of Designated Partners of LLP or authorized representatives (AR) of a Foreign LLP	<input type="text"/>	*DPIN/ Income-tax PAN	<input type="text"/>

*Certificate by Designated partner or Authorized representative or Auditor

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

and found them to be true and fair.

*DPIN/ Income-tax PAN/ Membership number

*Name of the designated partner/ authorized representative/ auditor

*Address

*Line I

Line II

*City *District

State *Pin code

*Country

Phone Fax ISO country code

*e-mail ID

To be digitally signed by

Designated Partner/ Authorized representative/ Auditor

Appendix to Statement of Account and Solvency

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

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

2. (a) Name of the LLP/ FLLP

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

(c) e-mail ID

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

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

(c) Whether charge is modified in favour of asset reconstruction company (ARC) or assignee Yes No

(d) Whether charge holder is authorised to assign the charge as per the charge agreement Yes No

4. *Type of Charge Immoveable property Ship Any interest in immoveable property Goodwill
 Book debts Trade marks Patent, licence under a patent Floating charge
 Moveable property (not being pledge) Copyright or licence under copy right If others, specify

5. (a) *Whether consortium finance is involved Yes No

(b) *Whether joint charge is involved Yes No

6. *Number of charge holders

7. Particulars of charge holders

*Category

If others, specify

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

*Name

*Address

*Line I

Line II

* City * District

* State * Pin code

* Country

Phone Fax ISO country code

* e-mail ID

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

9. (a) *Date of the instrument creating the charge (DD/MM/YYYY)

9. (b) Date of the instrument modifying the charge (DD/MM/YYYY)

10. (a) *Whether charge created or modified outside India Yes No

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

11. (a) *Amount secured by the charge
(In case the amount is in foreign currency, rupee equivalent to be stated) (in ₹)
(In case of modification of charge, enter the amount secured by the charge after such modification)

(b) Amount secured by the charge in words

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

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

(a) *Rate of Interest

(b) *Terms of repayment

(c) *Margin

(d) *Extent and operation of the charge

(e) Others

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

(a) Date of instrument creating or evidencing the charge (DD/MM/YYYY)

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

(c) Date of acquisition of the property, (DD/MM/YYYY) (d) Amount of the charge (in ₹)

(e) Particulars of the property charged.

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

15. (a) *Whether any of the property or interest therein under reference is not registered in the name of the LLP Yes No

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

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

16. Particulars of present modification

17. Date of satisfaction in full

(DD/MM/YYYY)

Attachments

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

List of attachments

To be digitally signed by

Designated partner or Authorised representative

DPIN or Income-tax PAN

Verification

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

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

To be digitally signed by

* Designation

Charge holder

To be digitally signed by

Designation

ARC or assignee

Certificate

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

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

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

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

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

LLP FORM NO. 11

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

Annual Return of Limited Liability Partnership (LLP)

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

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

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

2. *Limited Liability Partnership identification number (LLPIN)

3. Name of the Limited Liability Partnership (LLP)

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

(b) * e-mail ID

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

6. *Business Classification

7. Principal business activities of the LLP

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

(a). Total number of designated partners (b). Total number of partners

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

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

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

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

10. Details of individual(s) as partners

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

11. Details of bodies corporate as partners

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

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

12. Summary of designated partner(s)/partner(s) as on 31st March of the period for which annual return is being filed

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

13. Particulars of penalties imposed on the :

(i) Limited liability partnership

Number of rows required

Section Number	Offence	Penalty Imposed
1		

(ii) Partners / Designated partners

Number of rows required

DPIN/ Income-tax PAN/ Passport number	Name of Partner / Designated Partner	Section Number	Offence	Penalty Imposed
1				

14. Particulars of compounding offences

Number of rows required

Section Number	Offence	Date of Compounding of offence
1		

15. *Whether turnover of the LLP exceeds 5 crores Yes No

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

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

Attachments

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

Attach

2. Optional attachment(s) - if any

Attach

List of attachments

Remove attachment

Verification

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

To be digitally signed by Designated partner

*DPIN of the designated partner

Certificate

I certify that Annual Return contains true and correct information.

To be digitally signed by Designated partner

DPIN of the designated partner

OR

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

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

Company Secretary in practice

Certificate of Practice Number

Whether associate or fellow

Associate Fellow

Modify

Check Form

Prescrutiny

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

LLP FORM NO.12

Form for intimating other address
for service of documents

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

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

1. *Limited Liability Partnership Identification Number (LLPIN)	<input type="text"/>	<input type="button" value="Pre-fill"/>
2. Name of the Limited Liability Partnership (LLP)	<input type="text"/>	
3. Address of registered office of the LLP	<input type="text"/>	
e-mail ID	<input type="text"/>	
4. Pursuant to section 13(2) of the Limited Liability Partnership Act, 2008, the above named LLP declares the following address, other than the address of its registered office, for serving a document on it or its partner or designated partner:		
*Other Address	Line I	<input type="text"/>
	Line II	<input type="text"/>
*City	<input type="text"/>	*District <input type="text"/>
*State	<input type="text"/>	*Pin code <input type="text"/>
Country	<input type="text"/>	ISO country code <input type="text"/>
Phone	<input type="text"/>	Fax <input type="text"/>
e-mail ID	<input type="text"/>	
5. *Date on which consent of all partners is taken as per sub-rule(2) of rule 16	<input type="text"/>	(DD/MM/YYYY)

Attachments

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

<input type="button" value="Attach"/>
<input type="button" value="Attach"/>
<input type="button" value="Attach"/>
<input type="button" value="Attach"/>

List of attachments

<input type="text"/>

Verification

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

To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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

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

- Company Secretary in whole time practice
 - Chartered Accountant in whole time practice
 - Cost Accountant in whole time practice
- *Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

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

LLP FORM NO.15

[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009]

Notice for change of place of registered office

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

1. *Limited Liability Partnership Identification Number (LLPIN)

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

(b) Present address of the registered office of the LLP

3. (a) *New address of registered office of the LLP

Line I

Line II

(b) * City (c) * District

(d) * State (e) * Pin code

(f) * Country (g) ISO country code

(h) Phone (i) Fax

(j) * e-mail ID

4. *Name of the office of new registrar

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

(a) *Name

(b) *Address Line I

Line II

(c) *City/Town/Village

(d) Tehsil (e) * District

(f) * State (g) * Pin code

6. *Particulars of prosecutions initiated against or show cause notices received by the LLP for alleged offences under the Act.

7. *Change of place of registered office is -

Within the same city/town/village.

From one place to another place within the same State.

Within the State from the jurisdiction of one Registrar to the jurisdiction of another Registrar.

Change of place of the registered office from one State to another State.

8. Dates of publication of public notice in the newspapers (DD/MM/YYYY)
(Applicable where change of place of the registered office is from one State to another).

9. *Date on which consent has been taken under sub-rule (1) of Rule 17 (DD/MM/YYYY)

Attachments

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

List of attachments

Verification

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

To be digitally signed by

Designated Partner

* Designated Partner Identification Number (DPIN)

Certificate

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

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

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

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

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

OR

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)

LLP FORM NO.17

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

[Pursuant to rule 38(1) of Limited Liability Partnership Rules, 2009]

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

Part A: Application

1. *Indicate Registrar's reference number for name approval (Service Request Number (SRN) of Form 1)
2. Name of the Limited Liability Partnership (LLP)
3. *Name of the firm
4. Principal address of the firm
- * Line I
- Line II
- * City *District
- * State *PIN
- * Country
- ISO Country Code Phone Fax
- * Email ID
5. (a) *Whether the firm is registered under the Partnership Act,1932. Yes No
- * (b) Date of agreement by which firm was formed (DD/MM/YYYY)
6. *Total number of partners in the firm
7. *Total capital contribution in the firm (in ₹)
8. Total number of partners in the LLP
9. *Whether all the partners of firm have given their consent for conversion of the firm into the limited liability partnership. (attach the copy of the consent.) Yes No
10. *Whether all the partners of the limited liability partnership comprise all the partners of the Firm and no one else. Yes No
11. *Whether up to date Income-tax return is filed under the Income-tax Act, 1961. Yes No
If Yes, indicate the financial year end date upto which such return has been filed (DD/MM/YYYY)
12. *Whether any proceedings by or against the firm are pending in any Court or Tribunal or any other Authority. Yes No
13. *Whether any earlier application for conversion of the said firm into limited liability partnership was refused by the Registrar. Yes No
14. *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the firm are subsisting. Yes No
15. (a) *Whether there are any secured creditors Yes No

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

Yes No

Part B: Statement

Declaration

* 1. I, partner of

registered under the Indian Partnership Act, 1932 or under

at (name of the place) in the

State/UT of Territory) on

(DD/MM/YYYY) registration number and also named in the incorporation document of

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

into the limited liability partnership.

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

* I further state as under:

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

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

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

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

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

*To be digitally signed by a partner or designated Partner

*DPIN of the Designated Partner

Certificate

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

and found them to be true and correct.

* Company Secretary in whole time practice Cost Accountant in whole time practice

Chartered Accountant in whole time practice

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

LLP FORM NO.18

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

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

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

Part A- Application

1. *Indicate Registrar's reference number for name approval (Service Request Number (SRN) of Form 1)
2. Name of the proposed LLP
3. Corporate Identity Number (CIN)
4. Name of the Company
5. Date of incorporation (DD/MM/YYYY)
6. Name of office of Registrar of Companies
- 7.(a) Address of the registered office of the company
- (b) *e-mail ID of the company
8. *Total number of shareholders 9. Total number of partners in the LLP
10. *Whether all the shareholders of the company have given their consent for conversion of the company into the limited liability partnership. Yes No
11. *Whether all the partners of the limited liability partnership comprise all the shareholders of the company and no one else. Yes No
12. *Whether any security interest in the assets of the company is subsisting or in force. Yes No
13. *Whether up to date Income-tax return is filed under the Income-tax Act, 1961. Yes No
14. *Whether any prosecution initiated against or show cause notice received by the company for alleged offences under the Companies Act, 1956. Yes No
15. *Whether any proceeding by or against the company is pending in any Court or Tribunal or any other Authority. Yes No
16. *Whether any earlier application for conversion of the said company into limited liability partnership was refused by the Registrar. Yes No
17. *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the company is subsisting. Yes No
18. (a) *Whether there are any secured creditors Yes No
19. *Whether any clearance, approval or permission for conversion of the company into limited liability partnership is required from any body/ authority Yes No
20. *Whether upto date documents including latest balance sheet and annual returns under the Companies Act, 1956 have been filed. Yes No

Part B- Statement

Declaration

* I, the shareholder of

and also named in the incorporation document of

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

into the limited liability partnership.

* I state as under:

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

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

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

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

(v) that all the documents due for filing including latest balance sheet and annual return have been filed under the provision of the Companies Act, 1956;

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

Attachments

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

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

To be digitally signed by
a designated partner

*DPIN of the designated partner

Certificate

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

and found them to be true and correct.

I further certify that all required attachment(s) have been completely attached to this form.

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

*Whether associate or fellow

Associate

Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

Confirm submission

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 22

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

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

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

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

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

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

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

(c) * e-mail ID

4 (a) * Order passed by

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

(c) * Location

(d) * Petition or application number

(e) * Order number

5. * Date of passing the order (DD/MM/YYYY)

6(a) * Section or rule reference

(b) If others, mention

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

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

9. * Date of issue of certified copy of the order

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

11. * Description of order

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

13. SRN of relevant form

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

14. * Whether penalty involved or not Yes No

* If yes, SRN of payment of penalty

List of attachments

Remove attachment

Attachments

1. * Certified copy of the order.

Attach

2. Optional attachment(s) - if any

Attach

Verification

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

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

To be digitally signed by

Particulars of the person signing and submitting the form

* Name

Capacity

* Designation

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

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 23

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

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

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

1. *Category of applicant

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

3. * Name of the LLP / Company / Applicant

4. (a) * Address Line I
Line II

(b) * City (c) * District

(d) * State (e) * Pin code

(f) * Country

(g) ISO country code

(h) * e-mail ID

(i) Phone (j). Fax

5. Details of the LLP against whom complaint is filed

(a) * LLPIN

(b) Name of the LLP

(c) Address of the registered office of the LLP

(d) e-mail ID

6. * Grounds of objection

Attachments

1. *Copy of the authority to make application
2. *Copy of incorporation/registration certificate of LLP or the company or registration certificate of other entity, if any.
3. Optional attachment(s) - if any

List of attachments

Verification

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

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

*Designation

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

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 24

Application to the Registrar for striking off name

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

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

1. *Limited Liability Partnership identification number (LLPIN)
2. (a) Name of the Limited Liability Partnership (LLP)
- (b) Address of the registered office of the LLP
- (c) *e-mail ID of the LLP
3. *Whether up to date Income-tax returns filed Yes No

Attachments

- | | | |
|---|---------------------------------------|--|
| 1. *Copy of detailed application | <input type="button" value="Attach"/> | <p>List of attachments</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p><input type="button" value="Remove attachment"/></p> |
| 2. *Copy of authority to make the application | <input type="button" value="Attach"/> | |
| 3. *Copy of consent of all partners | <input type="button" value="Attach"/> | |
| 4. *Copy of consent of all creditors | <input type="button" value="Attach"/> | |
| 5. *Copy of undertaking/ indemnity bond for striking off name | <input type="button" value="Attach"/> | |
| 6. *Copy of statement of assets and liabilities duly certified as true and correct by auditor/ chartered accountant in practice | <input type="button" value="Attach"/> | |
| 7. *Copy of acknowledgement of latest Income-tax return | <input type="button" value="Attach"/> | |
| 8. Optional attachment(s) - if any | <input type="button" value="Attach"/> | |

Verification

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

*To be digitally signed by designated partner

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

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

LLP FORM NO. 25

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

Application for reservation/ renewal of name
by a Foreign Limited Liability Partnership
(FLLP)/ Foreign Company

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

1. *This form is for Reservation of name Renewal of Reservation

2. Service request number (SRN) of reservation

3. Name of the FLLP or foreign company

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

(a) *Address Line I
Line II

(b) * City

(c) * State

(d) * Country

(e) ISO country code * (f). Pin code

(g) * e-mail ID

(h) Phone (i). Fax

5. * Name of the applicant

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

(b) * City (c). District

(d) * State (e). *Pin code

(f) * Country

(g) ISO country code

(h) * e-mail ID

(i) Phone (j). Fax

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

8. *Incorporation or registration number

9. Country of incorporation or registration

Attachments

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

List of attachments

Verification

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

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 27

[Pursuant to rule 34(1) of Limited Liability Partnership Rules, 2009]

Form for registration of particulars by Foreign Limited Liability Partnership (FLLP)

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

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

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

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

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

3. *State of principal place of business in India

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

 (DD/MM/YYYY)

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

 (DD/MM/YYYY)

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

Line I

Line II

*City

*State

*Country

ISO country code

*Pin code

*e-mail ID

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

Line I

Line II

*City

*District

*State

*Pin code

*Country

ISO country code

*e-mail ID

7. Number of partners and designated partners

(a)*Number of partners

(b)*Number of designated partners

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

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

(a) *Type of office

(b) If other, then provide details

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

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

Description of the main division of business activity

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

*Number of persons authorized

Particulars of person authorized

1	<p>* <input type="radio"/> Designated Partner Identification Number (DPIN) or * <input type="radio"/> Income-tax permanent account number (Income-tax PAN) <input type="text"/></p>	<input type="button" value="Verify Income-tax PAN/ Pre-Fill"/>
<p>*Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership</p>		
	First Name	<input type="text"/>
	Last Name	<input type="text"/>
	Middle Name	<input type="text"/>
<p>*Father's/ Husband's Name</p>		
	First Name	<input type="text"/>
	Last Name	<input type="text"/>
	Middle Name	<input type="text"/>
	*Designation:	<input type="text"/>
	*Nationality:	<input type="text"/>
<p>Where the Nationality of origin is different from the above mentioned nationality,</p>		
	Nationality of origin:	<input type="text"/>
	*Date of birth :	<input type="text"/> (DD/MM/YYYY)
<p>*Permanent Residential Address</p>		
	Line I	<input type="text"/>
	Line II	<input type="text"/>
	*City	<input type="text"/>
	*State	<input type="text"/>
	*Pin code	<input type="text"/>
	ISO country code	<input type="text"/>
	*Country	<input type="text"/>
<p>*Whether present residential address is same as the permanent residential address: <input type="radio"/> Yes <input type="radio"/> No</p>		
<p>If no, present residential address</p>		
	Line I	<input type="text"/>
	Line II	<input type="text"/>
	*City	<input type="text"/>
	*State	<input type="text"/>
	*Pin code	<input type="text"/>
	*Country	<input type="text"/>
	ISO country code	<input type="text"/>
	Phone	<input type="text"/>
	Fax	<input type="text"/>
	*e-mail ID	<input type="text"/>
	*Number of limited liability partnership(s) in which he/she is a partner	<input type="text"/>
	*Number of Company(s) in which he/she is a director	<input type="text"/>

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

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

Attachments

- | | | |
|--|---------------------------------------|---|
| 1. *Copy of the 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. | <input type="button" value="Attach"/> | <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">List of attachments</p> <div style="height: 200px; border: 1px solid black;"></div> <p style="text-align: right;"><input type="button" value="Remove attachment"/></p> </div> |
| 2. *Extracts of the Statute under which the foreign limited liability partnership has been set up. | <input type="button" value="Attach"/> | |
| 3. *Copy of authority under which the foreign limited liability partnership is establishing the place of business in India | <input type="button" value="Attach"/> | |
| 4. *Power of attorney in favour of authorized representative. | <input type="button" value="Attach"/> | |
| 5. *Copy of approval of Reserve Bank of India for allowing the foreign limited partnership to establish place of business in India | <input type="button" value="Attach"/> | |
| 6. *Details of partners and designated partners | <input type="button" value="Attach"/> | |
| 7. 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. | <input type="button" value="Attach"/> | |
| 8. Details of LLP and/ or company in which partner/ designated partner is director/ partner | <input type="button" value="Attach"/> | |
| 9. Optional attachment(s) - if any | <input type="button" value="Attach"/> | |

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

Authorized representative of FLLP

*DPIN or Income-tax PAN

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing (DD/MM/YYYY)

LLP FORM NO. 28

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

Alteration in the-

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

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

- 1.*Foreign Limited Liability Partnership Identification Number (FLLPIN)
2. Name of the Limited Liability Partnership (LLP) incorporated or registered outside India
- 3.*Financial year ended on (DD/MM/YYYY)
4. The above mentioned foreign LLP having established a place of business in India at

*e-mail ID

hereby gives you notice of the alteration in-

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

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

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

(ii) Date of Alteration (DD/MM/YYYY)

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

(B) The registered or principal office of a limited liability partnership incorporated or registered outside India

(i) The registered/ principal office of the LLP in the country of incorporation has been shifted with effect from (DD/MM/YYYY)

(ii) The new address is as under:-

Line I	<input type="text"/>		
Line II	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Pin code	<input type="text"/>
		ISO country code	<input type="text"/>
Country	<input type="text"/>		
e-mail ID	<input type="text"/>		

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

(i) *Number of partner(s) or designated partner(s) for which this form is being filed

Note: The details of alteration in partners' and/ or designated partners' detail are to be provided as an attachment

Attachments

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

List of attachments

Verification

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

* DPIN or Income-tax PAN of the authorized representative

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)

LLP FORM NO. 31

[Pursuant to rule 41(1) of Limited Liability Partnership Rules, 2009]

Application for compounding of an offence under the Act

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

1.*Category of applicant

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

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

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

(c) e-mail ID of the LLP

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

(a) Name

(b) Address Line I
 Line II

(c) City

(d) State

(e) Country

(f) ISO country code

(g) Pin code

(h) e-mail ID

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

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

LLP or Foreign LLP Designated Partner Partner Authorised Representative Other

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

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

Category	<input type="text"/>
<input type="radio"/> Designated Partner identification number (DPIN) or	
<input type="radio"/> Income-Tax Permanent Account Number or	<input type="text"/>
<input type="radio"/> Passport number	<input type="text"/>
	<input type="button" value="Pre-Fill"/>
Name	<input type="text"/>

(d) *Whether Show Cause Notice received Yes No

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

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

*(ii) Indicate the relevant penalty provisions of the Act

8. *Whether the offence has been made good as on date of application, if applicable Yes No

If yes, the date of making the default good

(DD/MM/YYYY)

Brief particulars as to how the default has been made good

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

Attachments

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

Attach
Attach
Attach
Attach
Attach
Attach

List of attachments

Remove attachment

Verification

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

To be digitally signed by

Designated partner or Authorized representative or Partner of LLP or Applicant

Designator

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

To be digitally signed by

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

Whether associate or fellow Associate Fellow

Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)

LLP FORM NO.29

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

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

(B) Alteration in the name or address of any of the persons 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.

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

hereby gives notice for-

- alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India
- alteration in the name or address of any of the persons 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.

1. *A brief description of the alteration is given hereunder :

2. *Date of Alteration (DD/MM/YYYY)

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

If yes, specify changed name

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

(a) Number of authorized persons for which form is being filed

*Type of alteration		<input type="radio"/> Addition of a person authorised to accept service <input type="radio"/> Modification to particulars of a person already authorised to accept service <input type="radio"/> Deletion of a person authorised to accept service	
*Date of alteration	<input type="text"/>	(DD/MM/YYYY)	
<input type="radio"/> Designated partner identification number(DPIN) or <input type="radio"/> Income tax permanent account number(Income-tax PAN)		<input type="text"/>	Verify Income-tax PAN/ Pre-Fill
*Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership			
First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Middle Name	<input type="text"/>		
*Father's Name			
First Name	<input type="text"/>		
Last Name	<input type="text"/>		
Middle Name	<input type="text"/>		
* Designation	<input type="text"/>		
* Nationality	<input type="text"/>		
Where the Nationality of origin is different from the above mentioned nationality, Nationality of origin			
<input type="text"/>			
Date of birth	<input type="text"/>	(DD/MM/YYYY)	
Permanent Residential Address			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
*State	<input type="text"/>	*Pin code	<input type="text"/>
		ISO country code	<input type="text"/>
*Country	<input type="text"/>		
Whether present residential address is same as the permanent residential address <input type="radio"/> Yes <input type="radio"/> No			
If no, present residential address			
Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
*State	<input type="text"/>	*Pin code	<input type="text"/>
Country	<input type="text"/>		
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
*e-mail ID	<input type="text"/>		
*Number of LLP(s) in which the authorised representative is a partner	<input type="text"/>		
*Number of Company(s) in which the authorised representative is a director	<input type="text"/>		
*Remarks as to alteration	<input type="text"/>		

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

1. *The principal place of business in India was shifted with effect from (DD/MM/YYYY)

2. The changed address is as under:

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
* City	<input type="text"/>		
* District	<input type="text"/>	* State	<input type="text"/>
* Pin code	<input type="text"/>	Country	<input type="text"/>
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
e-mail ID	<input type="text"/>		

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

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

2. *It is hereby declared that the LLP

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

has filed with the Registrar all documents due for filing

Attachments

* 1. Copy of the decision or other document through which alteration has been made	<input type="button" value="Attach"/>	<p>List of attachments</p> <div style="border: 1px solid black; width: 100%; height: 100%;"></div>
2. Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership .	<input type="button" value="Attach"/>	
3. Power of attorney in favour of authorized representative	<input type="button" value="Attach"/>	
4. Details of LLP and/ or company in which authorised representative is partner/ director	<input type="button" value="Attach"/>	
5. Optional attachment(s) - if any	<input type="button" value="Attach"/>	
	<input type="button" value="Remove -attachment"/>	

Verification

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

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

* I am authorised to sign and submit this form.

To be digitally signed by a authorized representative of FLLP

*DPIN or Income-tax PAN of authorized representative

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)

LLP FORM 32

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

Form for filing addendum for rectification of defects or incompleteness

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

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

Pre-Fill

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

2. (a) Date of SRN

(DD/MM/YYYY)

(b) Form number(s)

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

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

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

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

(d) *e-mail ID

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

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

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

Maximum five documents can be attached).

6. (a) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(b) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(c) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(d) Type of document	<input type="text"/>	<input type="button" value="Attach"/>
(e) Type of document	<input type="text"/>	<input type="button" value="Attach"/>

List of attachments

Verification

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

To be digitally signed by

1. Designated Partner (In case of an LLP)
or an authorised representative (In case of a Foreign LLP)
Designation
Designated Partner identification number (DPIN) or Income-tax PAN

2. In case the form in respect of which addendum is being filed was signed by director or managing director or manager or secretary or chartered accountant (in whole-time practice) or company secretary (in whole-time practice) or cost accountant (in whole-time practice) or partner or applicant or advocate or LLP administrator or others
Designation
Capacity
Director identification number (DPIN) of the director or Managing Director, or
Income-tax PAN of the manager, or Membership number, if applicable or income-tax
PAN of the secretary (secretary of a company who is not a member of ICSI, may quote
his/ her income-tax PAN) or Income-tax PAN of LLP Administrator or DPIN/ Income-tax
PAN/ Passport number of Partner

Certificate

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

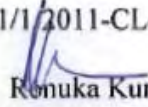
and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

Chartered accountant (in whole-time practice) or Cost accountant (in whole-time practice) or
 Company secretary (in whole-time practice)
Whether associate or fellow Associate Fellow

Membership number or certificate of practice

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

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


Renuka Kumar
Joint Secretary to Govt .of India

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