

To be published in the Gazette of India, Extraordinary, Part II, Section 3, Sub-section (i)]

MINISTRY OF CORPORATE AFFAIRS
NOTIFICATION

New Delhi, the 04th March, 2022

G.S.R.(E). - In exercise of the powers conferred by sub-sections (1) and (2) 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. Short title and commencement. - (1) These rules may be called the Limited Liability Partnership (Second Amendment) Rules, 2022.
(2) They shall come into force from the date of its publication in the Official Gazette.
2. In the Limited Liability Partnership Rules, 2009 (hereinafter referred to as the said rules), in rule 11,-
 - (a) in sub-rule (1), in the second proviso, for the word "two", the word "five" shall be substituted;
 - (b) in sub-rule (3), after the word and figures "Form 16.", the following words shall be inserted, namely:-
"and shall mention Permanent Account Number and Tax Deduction Account Number issued by the Income Tax Department".
3. In rule 19 of the said rules, for sub-rule (4), the following sub-rule shall be substituted, namely:-

" (4)The person making the application shall attach a copy of the incorporation certificate of the limited liability partnership or the company or the registration certification of the entity, as the case may be."

4. In rule 24 of the said rules, for sub-rule (6) of, the following sub-rule shall be substituted, namely :-

"(6) Statement of Account and Solvency shall be signed on behalf of the limited liability partnership by its designated partners. Where the corporate insolvency resolution process has been initiated against the limited liability partnership under the Insolvency and Bankruptcy Code, 2016 (31 of 2016) or the Limited Liability Partnership Act, 2008 (06 of 2009) has come under liquidation under the said Code, 2016 or the said Act, 2008, the said Statement of Account and Solvency may be signed on behalf of limited liability partnership by interim resolution professional or resolution professional, or liquidator or limited liability partnership administrator. "

5. In rule 25 of the said rules, for sub-rule (2) of, the following proviso, shall be inserted, namely:-

" Provided that where the corporate insolvency resolution process has been initiated against the limited liability partnership under the Insolvency and Bankruptcy Code, 2016 (31 of 2016) or the Limited Liability Partnership Act, 2008 (06 of 2009) having turnover upto five crore rupees during the corresponding financial year or contribution upto fifty lakh rupees has come under liquidation under the said Code, 2016 or the said Act, 2008, the said annual return may be signed on behalf of limited liability partnership by interim resolution professional or resolution professional, or liquidator or limited liability partnership administrator and no certification by a designated partner shall be required."

6. In rule 34 of the said rules,-

- (a) in sub-rule (3), in clause (ii), in sub-clause (c), for the word and figures "Form 29", the word and figures "Form 28" shall be substituted;
- (b) in sub-rule (8), for the word and figures "Form 29", the word and figures "Form 28" shall be substituted;

7. In rule 36 of the said rules, in sub-rule (6), after the word, brackets and figure "sub-rule (7)", the words and figures "in Form 32". shall be inserted;

8. In rule 37 of the said rules, in sub-rule (1A), in clause (II), for the words and figures "enclose along with Form 24", the words and figures "furnish in Form 24" shall be substituted.

9. In the said rules, for RUN LLP, FiLLiP, Form 3, Form 4, Form 5, Form 8, Form 9, Form 11, Form 12, Form 15, Form 16, Form 17, Form 18, Form 22, Form 23, Form 24, Form 25, Form 27, Form 28, Form 31 and Form 32, the following shall be substituted, namely,-



Form RUN LLP

Reserve Unique Name-LLP

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

New Request / Resubmission

1. *Purpose of filing

New incorporation

Conversion of firm into LLP

Conversion of private company/unlisted public company into LLP

Change of name of existing LLP

2.(a) CIN

2.(b) LLPIN

Search and select Industry sub-class (NIC Codes)

3.(a) Main NIC Code (sub-class) of industrial activity of the company

3.(b) Description of the main sub-class

4.(a) *Proposed Name 1

4.(b) *Proposed Name 2

Attachment

Choose File

Remove

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Auto check

Save

Submit

Once you have submitted the name reservation request it will then be checked and, if found feasible, approved by the Central Registration Centre (CRC). You will receive an email from the CRC advising the outcome of the name reservation request.



सत्यमेव जयते

FILLIP

Form for Incorporation of Limited Liability Partnership
[Pursuant to Rule 8, Rule 11 and Rule 18 of Limited Liability Partnership Rules, 2009]

Form language:

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

Part A: Incorporation document

1. Purpose of filing the form

(a) *Whether name is already approved by Registrar of Companies

Yes No

(b) Service Request Number (SRN) of RUN-LLP

(c) *Type of incorporation

New incorporation

Conversion of firm into LLP

Conversion of private company/unlisted public company into LLP

(d) CIN

2. Particulars of the proposed or approved name

(a) *Proposed or approved name

(b) Significance of abbreviated or coined word in the proposed name

(c) State the name of the vernacular language(s) if used in the proposed name and meaning thereof

(d) Whether the proposed name is based on a trademark registered or is subject matter of an application pending for registration under the Trademarks Act

Yes No

If yes, furnish particulars of trademark or application

Attachments

(a) In principle approval of regulatory authority, if required

Choose File

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(b) Approval of the owner of the trademark or the applicant of such application for registration of Trademark

Choose File

Remove

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(c) Copy of approval in case the proposed name contains any word(s) or expression(s) which requires approval from central government

Choose File

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(d) Copy of approval from the competent authority in case of collaboration and connection with the foreign country or place

(e) Copy of Board resolution of the existing company or consent of existing LLP as a proof of no objection

3 (a) Address of registered office of LLP

*Address Line I

Address Line II

*Country

*Pin code / Zip Code

*Area/ Locality

*City

District

*State / UT

*Longitude

*Latitude

*Jurisdiction of Police Station

(b) Contact Details

Phone (with STD/ISD code)

*Mobile No.

Fax

*Email ID

(c) Attachments

*Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed/Rent Agreement along with rent receipts)

*Copy of the utility bills (not older than two months)

(d) *Name of the office of Registrar in whose jurisdiction the proposed LLP is to be registered

4 Details of business activity carried out by LLP on incorporation /conversion

Primary	Industry sub class (as per NIC codes 2008)	Description of NIC code	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Delete
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Delete

Description of industrial activities to be carried out by the LLP

(a) Main industrial activity

- *NIC code

- *Description of NIC code

(b) Other industrial activity

- *NIC code

- *Description of NIC code

5 Total number of designated partners and partners of the LLP

Sl #	Particulars	Having valid DIN/DPIN	Not having valid DIN/DPIN
1	*Number of Designated Partners		
A	- *Individuals		
B	- *Body corporates and their nominees		
2	*Number of Partners other than Designated Partners		
A	- *Individuals		
B	- *Body corporates and their nominees		
3	*Total number of Partners and Designated Partners		

6 Particulars of individual designated partners /designated partners who are nominee of body corporate

(A) Particulars of individual designated partners having DIN/DPIN

(i) Basic details of Designated partner

Designated partner identification number (DIN/DPIN)

Name

Whether resident of India

Yes No

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

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

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

(B) Particulars of individual designated partners not having DIN/DPIN

(i) Basic details of Designated partner

Fetch from digilocker

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

Gender

(Male/Female/ Transgender)

Date of Birth (DD/MM/YYYY)

Nationality

Whether resident of India

Yes

No

Income-tax PAN/Passport number

PAN

Passport number

Income-tax PAN/Passport number details

Verify PAN

Place of Birth (State)

Place of Birth (District)

Whether citizen of India

Yes

No

Occupation type

(Business/Professional/Government Employment/Private Employment /Housewife/Student/Others)

Description of others

Area of Occupation

If 'Others' selected, please specify

Educational Qualification

(Primary education/Secondary education Vocational qualification/Bachelor's degree/Master degree /Doctorate or higher/Professional/Diploma /Others)

If 'Others' selected, please specify

Mobile No.

Email ID

(ii) Permanent address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State/UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

(iii) Whether present residential address same as permanent residential address

Yes

No

Present address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

If Duration of stay at present address is less than one year then address of previous residence

(iv) Identity Proof

(Voters Identity Card/Passport/Driving License/Aadhaar)

Residential Proof

(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/ Registered/Notarized Rent Agreement)

Identity Proof No.

Residential Proof No.

Submit a copy of the proof of identity and proof of address

Proof of identity

Residential proof

(v) In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(vi) Description of contribution

Form of contribution

(Conversion/Cash/Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

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

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

(C) Particulars of bodies corporate and their nominees as designated partners having DIN/DPIN

(i) Particulars of body corporate

Type of body corporate

*(LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LID)/
Company incorporated outside India (CIDI)*

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 registration number

PAN

Name of body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

Mobile No.

Fax

Email id

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

Number of LLP(s) in which entity is a partner

Number of company(s) in which entity is a director

(iii) Particulars of the person /designated partner signing on behalf of the body corporate as nominee

Designated partner Identification number (DIN/DPIN)

Name

Whether resident of India

Yes No

Designation and Authority in 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

Choose File

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(D) Particulars of bodies corporate and their nominees as designated partners not having DIN/DPIN

(i) Particulars of body corporate

Type of body corporate

(LLP/Company/Foreign LLP/ Foreign company/ LLP incorporated outside india (LLOI)/
Company incorporated outside India (C/OI)

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 registration number

PAN

Name of body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

Mobile No.

Fax

Email id

In case of company seeking conversion:

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

Number of LLP(s) in which the entity is a partner

Number of company(s) in which the entity is a director

(iii) Particulars of the person signing on behalf of the body corporate as nominee

First Name

Fetch from diglocker

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

Gender

(Male/Female/Transgender)

Date of Birth (DD/MM/YYYY)

Nationality

Whether resident of India

Yes No

Income-tax PAN/Passport number

PAN Passport number

Income-tax PAN/Passport number details

Verify PAN

Place of Birth (State)

Place of Birth (District)

Whether citizen of India

Yes No

Occupation type

*(Business/Professional/Government Employment
Private Employment /Housewife/Student/Others)*

Description of others

Area of Occupation

If 'Others' selected, please specify

Educational Qualification

*(Primary education/Secondary education/ Vocational qualification/Bachelor's degree
/Master degree/Doctorate or higher/Professional/Diploma/Others)*

If 'Others' selected, please specify

Mobile No.

Email ID

Permanent address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

(iv) Whether present residential address same as permanent residential address

Yes

No

Present address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

If Duration of stay at present address is less than one year then address of previous residence

(v) Identity Proof

(Voters Identity Card/Passport/Driving License/Aadhaar)

Residential Proof

(Bank Statement/Electricity Bill/Telephone bill/Mobile bill)

Identity Proof No.

Residential Proof No.

Submit a copy of the proof of identity and proof of address

Proof of identity

Residential proof

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

7 Particulars of partners other than designated partners

(A) Particulars of individual partners having DIN/DPIN

(i) Basic details of individual partner

Designated partner Identification number (DIN/DPIN)

Name

Whether resident of India

Yes No

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

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

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

(B) Particulars of individual partners not having DIN/DPIN

(i) Basic details of individual partner

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

Gender

{Male/Female/Transgender}

Date of Birth (DD/MM/YYYY)

Nationality

Whether resident of India

Yes No

Income-tax PAN/Passport number

PAN Passport number

Income-tax PAN/Passport number details

Verify PAN

Place of Birth (State)

Place of Birth (District)

Occupation type

*{Business/Professional/Government Employment/Private Employment
Housewife/Student/Others}*

Description of others

Area of Occupation

If 'Others' selected, please specify

Educational Qualification

*{Primary education/Secondary education/Vocational qualification/Bachelor's degree/
Master degree/Doctorate or higher/Professional/Diploma/Others}*

If 'Others' selected, please specify

Mobile No.

Email ID

(ii) Permanent address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

(iii) Whether present residential address same as permanent residential address

Yes No

Present address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

If Duration of stay at present address is less than one year then address of previous residence

(iv) Identity Proof

[Voters Identity Card/Passport/ Driving License/ Aadhaar]

Residential Proof

[Bank Statement/Electricity Bill/Telephone bill/Mobile bill]

Identity Proof No.

Residential Proof No.

Submit a copy of the proof of identity and proof of address

Proof of identity

Residential proof

Choose File

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(v) In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(vi) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

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

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

(C) Particulars of bodies corporate and their nominees as partners having DIN/DPIN

(i) Particulars of body corporate

Type of body corporate

*(LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LLOI)/
Company incorporated outside India (CLOI)*

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 registration number

PAN

Name of body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

Mobile No.

Fax

Email ID.

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

Number of LLP(s) in which the entity is a partner

Number of company(s) in which the entity is a director

(iii) Particulars of the person /designated partner signing on behalf of the body corporate as nominee

Designated partner Identification number (DIN/DPIN)

Name

Whether resident of India

Designation and Authority in 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

1 of 2

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(D) Particulars of bodies corporate and their nominees as partners not having DIN/DPIN

(i) Particulars of body corporate

Type of body corporate

(LLP/Company/Foreign LLP/ Foreign company/

LLP incorporated outside India (LLOI)/Company incorporated outside India (CLOI)

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 registration number

PAN

Name of body corporate

Registered office address or Principal place of business in India or Principal place of business outside India

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

Mobile No.

Fax

Email ID

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) Description of contribution

Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

Monetary value of contribution (in INR) (in figures)

Monetary value of contribution (in words)

Number of LLP(s) in which the entity is a partner

Number of company(s) in which the entity is a director

(iii) Particulars of the person signing on behalf of the body corporate as nominee

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First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

Gender

(Male/Female/Transgender)

Date of Birth (DD/MM/YYYY)

Nationality

Whether resident of India

Income-tax PAN/Passport number

Income-tax PAN/Passport number details

Place of Birth (State)

Place of Birth (District)

Occupation type

(Business/Professional/Government Employment/Private Employment /Housewife
Student/Others)

Description of others

Area of Occupation

If 'Others' selected, please specify

Yes No
 PAN Passport number

Verify PAN

Educational Qualification

(Primary education/Secondary education/Vocational qualification/Bachelor's degree /Master degree/Doctorate or higher/Professional/Diploma/Others)

If 'Others' selected, please specify

Mobile No.

Email ID

Permanent address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

(iv) Whether present residential address same as permanent residential address

Yes No

Present address

Address Line I

Address Line II

Country

Pin code / Zip Code

Area/ Locality

City

District

State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month) ▼

If Duration of stay at present address is less than one year then address of previous residence

(v) Identity Proof

(Voters Identity Card/Passport/Driving License/Aadhaar)

 ▼

Residential Proof

(Bank Statement/Electricity Bill/Telephone bill/Mobile bill)

 ▼

Identity Proof No.

Residential Proof No.

Submit a copy of the proof of identity and proof of address

Proof of Identity

Residential proof

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

8 Total monetary value of contribution by partners in the LLP

*Total monetary value of contribution by partners in the LLP (in figures)

*Total monetary value of contribution by partners in the LLP (in ₹) (in words)

9 PAN/ TAN Information

Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)

Information specific to PAN

*Area code

*AO type

*Range code

*AO No.

Information specific to TAN

*Area code

*AO type

*Range code

*AO No.

*Source of Income

*(Income from Business/profession/ Capital Gains /Income from house property
Income from other source /No Income)*



*Business/Profession code

Attachments

(a) Valuation Certificate

Choose File

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(b) Optional attachment(s) - if any

Choose File

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Consent by Designated partners/Partners

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. (format as an attachment)

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

*Subscribers' sheet including consent

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Part B: Statement

Declaration by designated partner

I, the designated partner of the LLP do state that

- (i) am a person named in the incorporation document as a designated partner/partner of the limited liability partnership;
- (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 in respect of Designated Partner Identification Number (DIN/DPIN), registration of the LLP and matters precedent or incidental thereto have been complied with;
- (iv) I make this statement conscientiously believing the same to be true.

*To be digitally signed by a designated partner

*Signature Field 1

DSC BOX

*DIN/DPIN/PAN of the designated partner

Declaration and certification by professional

(i) I* Son / Daughter of* do state that 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 in all the 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

*Signature Field 2

DSC BOX

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby approved

DSC BOX

This eForm is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No. 3

Form language

English

Hindi

Information with regard to Limited Liability Partnership Agreement
and changes, if any, made therein
[Pursuant to rule 21(1) of Limited Liability Partnership Rules, 2009]

Refer instruction kit for filing the form

All fields marked in * are mandatory

1 *Form filed for

Filing information with regard to initial LLP Agreement

For information with regard to changes in LLP Agreement

2 *Limited Liability Partnership identification number (LLPIN)

(a) *Name of the Limited Liability Partnership(LLP)

(b) *Address of the registered office of the LLP

(c) *Jurisdiction of Police Station

(d) *e-mail ID

Information with regard to initial LLP Agreement

3 (a) Place at which the initial Agreement was made

State

District

(b) Date of Agreement (DD/MM/YYYY)

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

4 Business activities to be carried on by LLP on incorporation

5 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 of the partner/nominee	Details of DIN/Income tax PAN/Passport number	Name of Partner	Name of Nominee in case of body corporate	Designation (Partner/Designated Partner)	Form of contribution	Monetary value of contribution	% of Profit sharing
(iii) Total Monetary value of partners' contribution in the LLP (in figures) (INR)							0	

6 Mutual Rights and Duties of Partners

7 Restrictions, if any, on the partners' authority

8 Management and Administration of LLP

(a) 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

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

9 Details of indemnity clause, if any.

10 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

11 Clause relating to resolution of disputes

(a) Between the partners

(b) Between the partner and the LLP

12 Information relating to duration of LLP, if any

13 Information relating to voluntary winding up

14 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)

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

Information with regard to changes (addition, omission or alteration) in the LLP Agreement

16 Date of modification of the agreement (DD/MM/YYYY)

(a) Number of amendments/changes made in LLP agreement till date

(b) SRN of Form 4 or Form 5 of last one year from the date of filing this form through which notice of change/amendment in the LLP agreement has been filed with the Registrar

Sr. No.	SRN
<input type="checkbox"/>	
<input type="checkbox"/>	

Add row

Delete row

17 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 due to other reasons

Specify the other change to LLP agreements

- Mutual Rights and Duties of Partners
- Restrictions, if any, on the partners' authority
- 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
- Procedure for calling, holding and conducting meetings, (where the decisions are to be made at meetings of partners)
- Details of indemnity clause, if any
- Details of agreement relating to - Admission of a new partner
- Details of agreement relating to - Retirement of a partner
- Details of agreement relating to - Cessation of a partner

- Details of agreement relating to - Expulsion of a partner
- Details of agreement relating to - Resignation of a partner
- Clause relating to resolution of disputes - Amongst the partners
- Clause relating to resolution of disputes – Amongst the partners and the LLP
- Information relating to duration of LLP, if any
- Information relating to voluntary winding up
- Information of clauses in the agreement relating to rule 16 (2)
- Information of clauses in the agreement relating to rule 17 (1)
- Information of clauses in the agreement relating to rule 20 (1)
- Information of clauses in the agreement relating to rule 24(18) (a)
- Any other information or clause relating to the LLP Agreement not covered above (optional)

1B Details of change in business activity

(a) Based on new/ changed business activities, search and select industry sub class (as per NIC codes 2008)

Primary

<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>
<input type="checkbox"/>	<input type="text"/>	<input type="button" value="Delete"/>

(b) Description of industrial activities to be carried out by the LLP

Main industrial activity

- NIC Code

- Description of NIC code

Other industrial activity

- NIC Code

- Description of NIC code

(c) Description of business activities, after change

(d) Do change in business activities require change in name of the LLP

Yes No

19 (a) Details of each partners' obligation to contribute money or property or other benefit or to perform services and their profit-sharing ratio, after change in LLP agreement and Details of designated partners and partner appointed

S. No.	DPIN/Income-tax PAN/Passport number of the partner/nominee	Details of DIN/Income tax PAN/Passport number	Name of Partner	Name of Nominee in case of Body Corporate	Designation (Partner/Designated Partner)	Form of contribution (Conversion/Cash/ Other than cash)	Monetary value of contribution	% of Profit sharing	Type of change (Addition/Deletion/Change/No Change)
					<input type="radio"/> Partner <input type="radio"/> Designated Partner				
					<input type="radio"/> Partner <input type="radio"/> Designated Partner				
					<input type="radio"/> Partner <input type="radio"/> Designated Partner		Total		

Add Row

(b) (i) Total number of existing designated partners and partners prior to change

(ii) Total number of designated partners and partners appointed

(iii) Total number of designated partners and partners removed

(iv) Total number of designated partners and partners after the change

(c) Total monetary value of contribution, after changes (in figures) (INR)

(i) Existing

(ii) Addition

(iii) Reduction

(iv) Total (i+ii-iii)

(v) Total (in words)

20 Change due to other reasons

(a) Mutual Rights and Duties of Partners

(b) Restrictions, if any, on the partners' authority

(c) 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

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

(e) Details of indemnity clause, if any

(f) Details of agreement relating to - Admission of a new partner

(g) Details of agreement relating to - Retirement of a partner

(h) Details of agreement relating to - Cessation of a partner

(i) Details of agreement relating to - Expulsion of a partner

(j) Details of agreement relating to - Resignation of a partner

(k) Clause relating to resolution of disputes - Between the partners

(l) Clause relating to resolution of disputes - Between the partner and the LLP

(m) Information relating to duration of LLP, if any

(n) Information relating to voluntary winding up

(o) Information of clauses in the agreement relating to rule 16 (2)

(p) Information of clauses in the agreement relating to rule 17 (1)

(q) Information of clauses in the agreement relating to rule 20 (1)

(r) Information of clauses in the agreement relating to rule 24(18) (a)

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

Attachments

(a) Initial LLP Agreement

(b) Supplementary/ amended LLP agreement containing changes

(c) Optional attachment(s) - if any

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 have been/are being paid;
- (v) I make this statement conscientiously believing the same to be true.
- (vi) I am authorized to sign this form.

* To be digitally signed by a designated partner:

DSC BOX

*DIN/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 the required attachment(s) have been completely attached in 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

* DSC Box

DSC BOX

* Membership number or certificate of practice number

Save

Submit

For Office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No.4

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

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

Form language

English

Hindi

Refer instruction kit for filing the form.

All fields marked in * are mandatory.

1(a) *Limited Liability Partnership identification number (LLPIN)

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

(c) *Address of the registered office of the LLP

(d) *Email ID

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

(b) *Number of bodies corporate and their Nominees as designated partners for which this form is being filed

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

(d) *Number of bodies corporate as partners and their nominees for which this form is being filed

(e) *Total number of partner(s)/ designated partner(s) for which the form is being filed.

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

(a) The form is being filed for

Appointment

Cessation

Change in designation

(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) Whether resident of India

Yes No

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

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

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

(a) The form is being filed for

- Appointment Cessation Change in Designation Change in Nominee
 Change in address of body corporate Change in name of body corporate

(b) Date of Event (dd/mm/yyyy)

(c) Type of body corporate

(LLP/ Foreign LLP/ Company/ Foreign Company/ LLP incorporated outside India (LLOI)/ Company incorporated outside India (CDOI))

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

(e) Name of body corporate

Proof of change in Name of body corporate

Choose File

Remove

Download

(f) Country where registered

(g) Full address of registered office or principal place of business in India

Address Line I

Address Line II

Country

Pin code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

- (h) Phone
- (i) E-mail ID
- (j) Previous name, address of the body corporate

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

- (k) DPIN
- (l) Name
- (m) Whether resident of India Yes No
- (n) Designation & Authority in body corporate
- (o) Changed designation (Category)
- (p) DPIN/ PAN/ Passport number of the previous nominee
- (q) Name of the previous nominee

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

(a) The form is being filed for

- Appointment Cessation Change in Name of Partner
- Change in designation Change in address

*In case user is having DIN/DPIN then file DIR-G for any changes in name/Address. For all other partners, file the changes through Form 4

(b) Date of Event (dd/mm/yyyy)

- (c) Income tax permanent account number (Income-tax PAN) Passport Number
- DPIN

(d) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

(e) Name of partner

First name

Middle name

Last name

Proof of change in Name of partner

Choose File

Remove

Download

(f) Father's Name

First name

Middle name

Last name

(g) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in permanent residential address

Choose File

Remove

Download

(h) Whether present residential address is same as the permanent residential address

Yes

No

(i) If no, present residential address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in present residential address

Image 2 (JPG)

Choose File

Remove

Download

(j) Phone

(k) Mobile

(l) Email ID

(m) Previous name/ previous address

(n) Whether resident in India

Yes

No

(o) Nationality

(p) Date of Birth (dd/mm/yyyy)

(q)(i) Occupation type

(Self Employed/ Professional/ Home maker/ Student/ Serviceman)

(q)(ii) Area of occupation

(Government/ Teaching/ Others)

(q)(iii) If 'others' selected, please specify

(r) Changed designation (Category)

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

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

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

(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

(LLP/ Foreign LLP/ Company/ Foreign Company/ LLP incorporated outside India (LIO)/ Company incorporated outside India (CIO)/ Others)

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

(e) Name of body corporate

Proof of change in name of body corporate

Choose File

Remove

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(f) Country where registered

(g) Full address of registered office

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

Choose File

Remove

Download

(h) Phone

(i) Email ID

(j) Previous name/ previous address

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

(l)* Income tax permanent account number (Income-tax PAN)

Passport Number

DPIN

(m) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

Verify Income-tax PAN/ Pre-Fill

(n) Name of Nominee

First name

Middle name

Last name

Proof of change in Name of Nominee

File 2 MB

Choose File

Remove

Download

(o) Father's Name

First name

Middle name

Last name

(p) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of nominee

File 2 MB

Choose File

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(q) Whether present residential address is same as the permanent residential address

Yes

No

(r) If no, present residential address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of Nominee

Choose File

Remove

Download

(s) Phone

(t) Mobile

(u) Email ID

(v) Previous name/ previous address

(w) Whether resident in India

Yes

No

(x) Nationality

(y) Date of Birth (dd/mm/yyyy)

(z)(i) Occupation type

(Self Employed/ Professional/ Homemaker/ Student/ Serviceman)

(z)(ii) Area of occupation

(Government/ Teaching/ Others)

(z)(iii) If 'others' selected, please specify

(aa) Designation & Authority in body corporate

(ab) Changed designation (Category)

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

(ad) Name of the previous nominee

Attachments

(a) Consent to become a partner/ designated partner

Choose File

Remove

Download

(b) Related Entity Details

Choose File

Remove

Download

(c) Evidence of cessation

Choose File

Remove

Download

(d) 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.

Choose File

Remove

Download

(e) Optional attachment (if any)

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 by practicing professional

* 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.

* Category

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

* Whether associate or fellow:

- Associate
- Fellow

*Membership number or certificate of practice number

*Signature Field 2

For office use only:

eForm Service request number (SRN)

eForm filing date (dd/mm/yyyy)

This e-Form is hereby registered

Digital signature of the authorizing officer

Date of signing (dd/mm/yyyy)

Or

* 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. 5

Notice for change of name

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

Form language

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked * are mandatory

LLP details

1 *Limited Liability Partnership Identification number (LLPIN)

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

(b) *Service Request Number (SRN) of RUN

(c) *New name of LLP after change

(d) *Address of registered office of the LLP

(e) Jurisdiction of Police Station

(f) *Email ID of the LLP

3 (a) *Whether change in name is due to change in business of the LLP

Yes

No

(b) SRN of Form 3

4 *Whether change in name is

Based on the procedure laid down in the LLP agreement

With consent of all partners

Based on the direction from Central Government

Based on the direction from Registrar

(a) Clause Reference number of the LLP Agreement

(b) Relevant extract of the LLP agreement

5 *Date on which consent of partners was taken under sub-rule (1) of Rule 20 (DD/MM/YYYY)

Attachments

(a) Consent of Partners

Choose File

Remove

Download

(b) Copy of the minutes of decision/ resolution/ consent of partners

Choose File

Remove

Download

(c) Copy of the direction received from Central Government

Choose File

Remove

Download

(d) Copy of the direction received from Registrar

(e) Optional attachment(s) - if any

Statement

* To the best of my knowledge and belief, the information given in this application 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

DSC BOX

* DIN/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.

* To be digitally signed by

DSC BOX

Chartered Accountant (in whole-time practice)

Cost Accountant (in whole-time practice)

Company Secretary (in whole-time practice)

* Whether associate or fellow:

Associate

Fellow

* Membership number or certificate of practice number

For office use only:

eForm Service request number (SRN)

eForm filing date
(DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)



सत्यमेव जयते

LLP Form No. 8

Statement of Account & Solvency and Charge filing
[Pursuant to rule 24 of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

Purpose

1 *Statement of Account and Solvency or Charge

Statement of Account and Solvency

Charge

LLP/FLLP details

2 Statement of Account and Solvency as at (DD/MM/YYYY)

3 (a) Limited Liability Partnership Identification Number (LLPIN) / Foreign Limited Liability Partnership Identification Number (FLLPIN)

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

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

(d) Jurisdiction of Police Station

(e) Email ID

(f) Total monetary value of obligation of contribution as on above date (INR)

Part A: Statement of Solvency

4 (a) 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.

(b) 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.

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

(d) We declare that the turnover does not exceed exceeds 40 lakh rupees.

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

(f) 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.

(g) We make this statement conscientiously believing it to be true, and by virtue of the provisions of the Limited Liability Partnership Act, 2008, the rules made thereunder.

Part B: Statement of Account

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

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

Contingent Liability details

6 (a) Whether there are any contingent liabilities to report?

Yes No

Add row

Delete row

(b) S. No.	(c) Description of contingent liability	(d) Amount

Statement of Income and Expenditure

7 Statement of Income and Expenditure (in Rs.)

Particulars	Figures for the period (Current reporting period)	Figures for the period (Previous reporting period)
	From <input type="text"/> (DD/MM/YYYY)	From <input type="text"/> (DD/MM/YYYY)
	To <input type="text"/> (DD/MM/YYYY)	To <input type="text"/> (DD/MM/YYYY)
Income		
Gross turnover		
Less: Excise duty or service tax		
Net Turnover Details		
(I) Domestic turnover		
(a) Sale of goods manufactured		
(b) Sale of goods traded		
(c) Sale or supply of services		
(II) Export turnover		
(a) Sale of goods manufactured		
(b) Sale of goods traded		
(c) Sale or supply of services		
Other income		
Increase/ (decrease) in stocks [including for raw materials, work in progress and finished goods]		
Total income		
Expenses		
Raw material consumed		
Purchases made for re-sale		
Consumption of stores and spare parts		
Power and fuel		
Personnel Expenses		
Administrative expenses		
Payment to auditors		
Selling expenses		
Insurance expenses		
Depreciation and amortization		
Interest		
Other expenses		

Particulars	Figures for the period (Current reporting period)	Figures for the period (Previous reporting period)
	From <input type="text"/> (DD/MM/YYYY)	From <input type="text"/> (DD/MM/YYYY)
	To <input type="text"/> (DD/MM/YYYY)	To <input type="text"/> (DD/MM/YYYY)
Total expenditure		
Net Profit or Net Loss (before taxes)		
Provision for Tax		
Profit after Tax		
Profit transferred to Partners' account		
Profit transferred to Reserves and surplus		

Attachments

0 Optional attachment(s) - if any

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

DSC BOX

DPIN/ Income -tax PAN

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

DSC BOX

DPIN/ Income -tax PAN

Signature of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator

DSC BOX

Particulars of the person signing and submitting the form

Name

Designation

(Liquidator/Interim Resolution Professional (IRP)/ Resolution Professional (RP)/ LLP Administrator)

Income-tax PAN in case of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator

Certificate by Designated partner Authorized representative 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 1

Address Line 2

Country

Pin code/Zip Code

Area/Locality

City

District

State

Jurisdiction of Police Station

Phone

E-mail ID

To be digitally signed by

Designated Partner/ Authorized representative/ Auditor

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

LLP/ FLLP Details

3 (a) Limited Liability Partnership identification Number (LLPIN) / Foreign Limited Liability Partnership Identification Number (FLLPIN)

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

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

(d) Jurisdiction of Police Station

(e) Email ID

Purpose

4 (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 favor of Asset reconstruction company (ARC) or assignee

Yes

No

(d) Whether charge holder is authorized to assign the charge as per the charge agreement

Yes

No

Type of charge

5 (a) Description of the property charged indicating whether it is a charge on

Immovable property or any interest therein – Residential

Immovable property or any interest therein – Commercial

Immovable property or any interest therein - Others

Movable property - Equipment and Machinery

Movable property - Inventory

Movable property - Inventory (incl. Receivables)

Movable property - Motor Vehicle (Hypothecation)

Movable property - Ship or any share in a ship

Movable property - Others

Intangible - Goodwill

Intangibles – Trademarks

Intangible – Patent

Intangible - License

Intangible - License under a Patent

Intangible - Copyright

Intangible - Copyright under a Patent

Intangible - Designs

Intangible – IPR

Intangible - Others

Solely of Property situated outside India

Book debts

Others

(b) If others, please specify

Details of charge holder

6 (a) Whether consortium finance is involved

Yes No

(b) Please provide Lead Banker's Name

(c) Whether joint charge is involved

Yes No

7 (a) Number of charge holders

(b) Whether Charges rank pari passu

Yes No

(c) List of the Charge holders

Download Excel

Import

(d) Rank	(e) Name of the Charge holder	(f) Particulars of the property charged	(g) Details of their extent on the charge (in %)	(h) Maximum amount secured (in INR)

8 Particulars of charge holders

(a) Category

(Nationalized bank/Scheduled bank/Private sector bank/Financial institution/Non-banking financial company/Co-operative bank/Foreign Bank/Individual/Others)

(b) If others, please specify

(c) Name of the charge holder

(d) CIN in case charge holder or ARC or assignee is a company

(e) Name

(f) Address

Address Line 1

Address Line 2

Country

Pin code/Zip Code

Area/Locality

City

District

State

Jurisdiction of Police Station

(g) E-mail ID

(h) Whether charge holder is having a valid Income Tax PAN

Yes No

(i) Income Tax- Permanent Account Number (PAN)

(j) BSR Code / Branch Code

Details of charge

9 Nature or description of instrument(s) creating or modifying the charge

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

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

(c) Date of satisfaction of charge in full (DD/MM/YYYY)

11 (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)

12 (a) Maximum amount secured by the charge (in case the amount is in foreign currency, rupee equivalent to be stated) (in Rs.) (in case of modification of charge, enter the amount secured by the charge after such modification)

(b) Maximum Amount secured by the charge in words

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

13 Brief particulars of the principal terms and conditions and extent and operation of the charge

(a) Date of Creating Security Interest by actual/ constructive deposit of title deeds within bank/ housing finance company (DD/MM/YYYY)

(b) Borrower's customer/account number

(c) Rate of interest

(d) Repayment term (in months)

(e) Terms of repayment

(f) Nature of facility

(g) Date of disbursement (DD/MM/YYYY)

(h) Miscellaneous narrative information

(i) Margin

(j) Extent and operation of the charge

(k) Others

Asset Details

14 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) Charge ID

(e) Amount of the charge (in INR)

(f) Particulars of the property charged

15 (a) Short particulars of the property or asset(s) charged (including complete address and location of the property)

(b) Plot / Dwelling Interest

Plot

Dwelling interest

(i) Details of Plot Unit

Evaluated Price of Asset as on Security interest Creation date (in INR)	Nature of Property	PLOT ID Number	Survey No. /GAT No. etc.*
Street Number & Name	Sector /Block Number	Locality	Landmark
Village/Town Name	Taluka	Pin code	District
State	Latitude	Longitude	Area of plot (Sq. feet, Sq. meter, Acre, Gunta, Cents, Hectares)

(ii) Details of Dwelling Interest

Evaluated Price of Asset as on Security interest Creation date (in INR)	Nature of Property	Plot ID Number	Survey No. /GAT No.*
Dwelling Unit ID Number	Floor No.	Building Name and Society Name	Street name and number
Sector/Block Number	Locality	Landmark	Village/Town
Taluka	Pin code	District	State
Latitude	Longitude	Area of dwelling (Square feet/meter)	

(iii) Bounded by

By North	By South	By East	By West

*Survey number, GAT number, Khesra number, khweta number, Mouza number, Phase number or any other such similar representation in various states or union territories can be captured in this field.

(All the fields should be captured as appearing in the revenue record, flat no, house no, Municipal Office/Municipal Corporation / Grampanchayat are to be specified and also the area of the immovable property as well as boundaries)

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

(b) CIN / LLPIN / FLLPIN of the company/ LLP/ FLLP in whose name property or interest therein is registered (if applicable)

(c) PAN of the Individual in whose name property or interest therein is registered (if applicable)

(d) 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.

Other Details

17 Date of creation/ last modification prior to the present modification (DD/MM/YYYY)

18 Particulars of present modification

Attachments

19 (a) Instrument of creation or modification

Choose File

Remove

Download

(b) Instrument evidencing creation or modification of charge in case of acquisition of property which is already subject to charge

Choose File

Remove

Download

(c) Letter of charge holder stating that the amount has been satisfied

Choose File

Remove

Download

(d) Optional attachment(s) - if any

Choose File

Remove

Download

To be digitally signed by

Designated partner or Authorized representative

DSC BOX

DPIN / 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 authorized to sign this form.

To be digitally signed by

Designation

Charge holder

DSC BOX

To be digitally signed by

Designation

ARC or assignee

DSC BOX

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.

* Category

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

DSC BOX

* Whether

- Associate Fellow

*Membership number or Certificate of practice number

Save

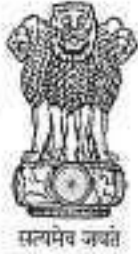
Submit

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

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)



LLP Form No. 9

Form language

English

Hindi

Consent by Designated Partners

[Pursuant to Section 7(3) to the Limited Liability Partnership Act, 2008 and Rule 7 of the Limited Liability Partnership Rules, 2009]

Refer instruction kit for filing the form

All fields marked in * are mandatory

1 (a) *Name of LLP

(b) *Address of the registered office of LLP

This declaration is in respect of

2 *Total number of designated partners having valid DIN/DPIN

(a) *Individuals

(b) *Nominees of Body Corporate

Consent to act as Designated Partner

3 I hereby give my consent to act as designated partner of the aforementioned LLP pursuant to section 7(3) of the Act

Particulars

*Designated Partner Identification Number

*Name of Designated Partner

as a nominee of

Name of the body corporate

having 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 registration number

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

*To be digitally signed by

DSC BOX

Save

Submit



सत्यमेव जयते

LLP Form No. 11

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

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked * are mandatory

LLP details

1 (a) *Financial year (From date) (DD/MM/YYYY)

(b) *Financial year (To date) (DD/MM/YYYY)

2 *Limited Liability Partnership Identification Number (LLPIN)

3 (a) *Name of the Limited Liability Partnership (LLP)

(b) *Address of the registered office of the LLP

(c) *Jurisdiction of Police Station for the registered office

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

(e) Jurisdiction of Police Station for the other address

(f) *e-mail ID

4 *Business Classification

(Business/ Profession/Service/Occupation/Others)

5 *Principal business activities of the LLP

6 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 Rs.)

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

Individual Partner details**7 Detail of individual(s) as partners**

(a) *Designation	<input type="text"/>	
(b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number	<input type="text"/>	
(c) *Name	<input type="text"/>	
(d) *Date of Appointment (DD/MM/YYYY)	<input type="text"/>	
(e) Date of Cessation (DD/MM/YYYY)	<input type="text"/>	
(f) Date of change in designation (DD/MM/YYYY)	<input type="text"/>	
(g) Previous Designation	<input type="text"/>	
(h) Previous Name, if any	<input type="text"/>	
(i) *Obligation of contribution	<input type="text"/>	
(j) Contribution received and accounted for	<input type="text"/>	
(k) Whether resident in India	<input type="radio"/> Yes <input type="radio"/> No	
(l) Number of limited liability partnership(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"/>	
(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner		
(o)	(p)	(q)
S. no.	CIN/LLPIN	Name of Company/ LLP
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Body Corporate details**8 Details of bodies corporate as partners**

(a) *Type of body corporate	<input type="text"/>
(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	<input type="text"/>
(c) *Name of the body corporate	<input type="text"/>
(d) *Full address of the registered office or principal place of business in India	<input type="text"/>
(e) *Country where registered	<input type="text"/>
(f) *Obligation of contribution	<input type="text"/>
(g) Contribution received and accounted for	<input type="text"/>
(h) Name and particulars of person signing on behalf of body corporate as nominee	
(i) *Name	<input type="text"/>
(j) *DPIN/ Income-tax PAN/ Passport number	<input type="text"/>
(k) *Designation	<input type="text"/>
(l) *Date of Appointment (DD/MM/YYYY)	<input type="text"/>
(m) Date of Cessation (DD/MM/YYYY)	<input type="text"/>
(n) Date of change in designation (DD/MM/YYYY)	<input type="text"/>
(o) Previous Designation	<input type="text"/>
(p) Previous Name, if any	<input type="text"/>
(q) Whether resident in India	<input type="radio"/> Yes <input type="radio"/> No
(r) Number of limited liability partnership(s) in which he/she is a partner	<input type="text"/>
(s) Number of company(s) in which he/she is a director	<input type="text"/>
(t) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner	

(u) S. no.	(v) CIN/LLPIN	(w) Name of Company/ LLP

Summary of Partner/ Designated Partner

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

Category	Number of partners	Number of Designated Partners		Total
		Resident in India	Others	
(a) Individuals				
(b) LLPs				
(c) Companies				
(d) Foreign LLPs				
(e) Foreign companies				
(f) LLPs incorporated outside India				
(g) Companies incorporated outside India/ Companies registered in Sikkim				
Total				

Penalty details

10 Particulars of penalties imposed on the:

(i) Limited liability partnership

(a) Number of rows required

(b) Section Number	(c) Offence	(d) Penalty Imposed

(ii) Partners / Designated partners

(a) Number of rows required

(b) DPIN/ Income tax PAN/ passport number	(c) Name of Partner /Designated Partner	(d) Name of Nominee in case of body corporate	(e) Section Number	(f) Offence	(g) Penalty Imposed

Compounding Offence details

11 Particulars of compounding offences

(a) Number of rows required

(b) Section Number	(c) Offence	(d) Date of compounding of offence (DD/MM/YYYY)

12 *Whether turnover of the LLP exceeds 5 crores

Yes

No

Attachments

13 Optional attachment(s) - if any

Choose File

Remove

Download

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

DSC BOX

Particulars of the person signing and submitting the form

*Name

*Designation

*(Designated Partner/Liquidator/ Interim Resolution Professional (IRP)/
Resolution Professional (RP)/LLP Administrator)*

*DPIN of the designated partner/ Income-tax PAN in case of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator

Certificate

I certify that Annual Return contains true and correct information.

To be digitally signed by Designated Partner

DSC BOX

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

DSC BOX

Certificate of Practice number

Whether associate or fellow:

Associate

Fellow

Save

Submit

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For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)



LLP Form No. 12

Form for intimating other address for service of documents
[Pursuant to rule 16(3) of Limited Liability Partnership Rules, 2009]

Form language

English Hindi

सत्यमेव जयते

Refer instruction kit for filling the form

All fields marked in * are mandatory

LLP Information

1 *Limited Liability Partnership Identification number (LLPIN)

2 *Name of the Limited Liability Partnership (LLP)

3 (a) *Address of the registered office of the LLP

(b) *Email ID

(c) *Jurisdiction of Police Station

4. Other address details

(a) *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:

(b)* Other Address

* Line I

Line II

*Country

*Pin code/Zip Code

*Area/Locality

*City

*District

*State/ UT

*Latitude

*Longitude

Phone

Fax

*Jurisdiction of Police Station

5. Consent of Partners

*Whether change in address is:

Based on the procedure laid down in the LLP agreement

With consent of all partners

Clause reference number of the LLP agreement

Relevant extract of the LLP agreement

*Date on which consent of all the partners was taken under sub-rule (2) of Rule 16
(dd/mm/yyyy)

Attachments

(a) Copy of the minutes of decision/resolution/consent of requisite partners

(b) *Copy of the minutes of consent of all partners

(c) *Proof of office address along with NOC, if applicable
(Conveyance/Lease deed/ Rent Agreement etc. along with the rent receipts)

(d) Optional attachment(s) - if any

Verification

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

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

* To be digitally signed by a designated partner

DSC BOX

* DPIN of the designated partner

Certification by practicing professional

*It is hereby certified that I have verified the above particulars [including attachment(s)] from the record 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.

* To be digitally signed by

DSC BOX

*Category

- 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

Save

Submit

For office use only:

e-Form Service request number (SRN)

e-Form filing date (dd/mm/yyyy)

Or

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

Notice for change of place of registered office
[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009]

Form language

English Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked * are mandatory.

1. LLP Information

(a) *Limited Liability Partnership Identification number (LLPIN)

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

(c) *Present address of the registered office of the LLP

(d) *E-mail ID

(e) *Jurisdiction of Police Station

2. *Purpose

- Change of address of registered office within the same city / town / village (P1)
- Change of address of the registered office outside the limit of the city / town / village where the registered office is situated but within the same Registrar and State (P2)
- Change of address of registered office resulting in change in Registrar within the same State (P3)
- Change of address of registered office resulting in change in State within the jurisdiction of same Registrar (P4)
- Change of address of registered office resulting in change in State outside the jurisdiction of existing Registrar (P5)

3. New address of registered office of the LLP

*Address Line 1

Address Line 2

*Country

*Pin Code/Zip Code

*Area/Locality

*City

*District

*State

*Longitude

*Latitude

*Jurisdiction of Police Station

4 Name of office of new Registrar

Other details

5 (a) Whether any prosecution is pending against the LLP

Yes No

(b) If Yes, provide brief details of prosecution

(i)	(ii)	(iii)	(iv)	(v)	(vi)
Case Number	Section under which prosecution is pending	Name of the Act under which prosecution is pending	Stage of pendency of prosecution	Name of the court where prosecution is pending	Details of the case
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Add Row

Delete Row

6(a) Whether any application is pending before the Adjudicating officers, Central Government for condonation of delay, adjudication, and compounding, etc.

Yes No

(b) If Yes, provide brief details

7. Details of publication of advertisement

(a) Date of publication of advertisement in English (dd/mm/yyyy)

(b) Name of the newspaper in which advertisement is published

(c) Date of publication of advertisement in vernacular language (dd/mm/yyyy)

(d) Name of the newspaper in which advertisement is published

8. Brief details of objections received in response to advertisement

9 (a) *Whether change in address is

Based on the procedure laid down in the LLP agreement With consent of all partners

(b) *Date on which consent has been taken under sub rule (1) of Rule 17 (dd/mm/yyyy)

(c) Clause reference number of the LLP agreement

(d) Relevant extract of LLP agreement

10. Creditors consent

(a) Whether consent of the secured creditors have been obtained?

Yes

Not applicable

(b) Date on which consent has been taken (dd/mm/yyyy)

Attachments

(a) * Proof of Registered Office address (Conveyance/Lease deed/ Rent Agreement etc. along with the rent receipts)

(b) Copy of the minutes of decision/ resolution/ consent of partners

(c) Copy of consent of all partners

(d) Copies of public notice, if applicable.

(e) Optional attachment(s)- if any

Declaration

Verification

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

I further declare that all the objections received have been mentioned in the form

I, being a designated partner of the LLP, am authorized to sign and submit this form to the best of my knowledge and belief,

* To be digitally signed by

* Designated Partner

* Designated Partner Identification Number (DPIN)

Certificate by Professional

* 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.

* To be digitally signed by

Chartered accountant (in whole time practice)

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

* Whether associate or fellow:

- Associate Fellow

*Membership number or certificate of practice number

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date(dd/mm/yyyy)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing(dd/mm/yyyy)

Or

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.

Format of Application Approval letter (Certificate of new Incorporation)



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GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Central Registration Centre

Form 16

[Refer Rule 11(3) of the Limited Liability Partnership Rules, 2009]

Certificate of Incorporation

LLP Identification Number: <LLPIN>

The Permanent Account Number (PAN) of the LLP is <PAN>*/@

The Tax Deduction and Collection Account Number (TAN) of the LLP is <TAN>*/@

It is hereby certified that <Name of the LLP> is incorporated pursuant to section 12(1) of the Limited Liability Partnership Act 2008.

Given under my hand at Manesar this < Date of approval of the work item in words (i.e. FIRST, SECOND etc.)> day of < Month of approval of the work item in words > <YEAR of approval of the work item in words>.

<Document Signer>

<Full name of the Authorising officer approving the work-item>

<Assistant Registrar of Companies/ Deputy Registrar of Companies/ Registrar of Companies>

For and on behalf of the Jurisdictional Registrar of Companies

Registrar of Companies

Central Registration Centre

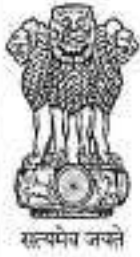
Disclaimer: This certificate only evidences incorporation of the LLP on the basis of documents and declarations of the applicant(s). This certificate is neither a license nor permission to conduct business or solicit deposits or funds from public. Permission of sector regulator is necessary wherever required. Registration status and other details of the LLP can be verified on www.mca.gov.in

Mailing Address as per record available in Registrar of Companies office:

< Name of the LLP >

< Address of the registered office of the LLP>

*as issued by Income tax Department



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]

Form language:

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

Part A: Application

1 *Name of the Limited Liability Partnership (LLP)

2 Details of firm

(a) *Name of the firm

(b) Principal address of the firm

*Address Line I

Address Line II

*Country

*Pin code / Zip Code

*Area/Locality

*City

District

*State / UT

(c) Contact details

Phone

*Mobile Number

Fax

*e-mail ID

(d) *PAN

(e) *Whether the firm is registered under the Partnership Act, 1932.

Yes

No

If yes, date of registration (DD/MM/YYYY)

Registration number

(e) (ii) If no, whether the firm is registered under any other law

Yes No

If yes, the name of the Statute under which registered

Date of registration (DD/MM/YYYY)

Registration number

*Date of agreement by which firm was formed (DD/MM/YYYY)

(f) *Total number of partners in the firm

(g) *Total capital contribution in the firm

(h) *Total number of partners in the LLP

(i) *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 up to which such return is filed (DD/MM/YYYY)

3 Details of the conversion

(a) All the partners of firm have given their consent for conversion of the firm into the limited liability partnership.

(b) All the partners of the limited liability partnership comprise all the partners of the firm and no one else.

(c) *Whether any proceeding by or against the firm is pending in any Court or Tribunal or any other Authority.

Yes No

If yes, particulars of such proceedings in the following manner.

Number of proceedings

Name of Court/ Tribunal/ Authority	Particulars

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

Yes No

If yes, give SRN of earlier LLP Form 17

Reasons for refusal of earlier Form 17

(e) *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favor of or against the firm are subsisting.

Yes No

If Yes, details thereof in following manner.

Number of proceedings

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

(f) *Whether there are any secured creditors.

Yes No

Consent of all the secured creditors for conversion of the firm into limited liability partnership has been obtained.

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

Yes No

If Yes, provide details of the concerned body/authority or authorities whose approval has been obtained.

Number of authorities whose approval has been obtained

Name of Authority	Date of approval (DD/MM/YYYY)	Order number

(h) *Whether the firm is engaged in carrying out any financial activity:

Yes No

(i) *Total Assets of the entity

(j) *Total financial Assets of the entity

(k) *Total revenue of the entity

(l) *Total revenue of the entity from financial assets

Attachments

(a) *Statement of Assets and Liabilities of the firm duly certified as true and correct by the Chartered Accountant in practice

Choose File

Remove

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(b) *Copy of acknowledgement of latest income tax return

Choose File

Remove

Download

(c) List of secured creditors along with their consent to the conversion

Choose File

Remove

Download

(d) Approval from any regulatory body/authority

Choose File

Remove

Download

(e) *Auditor Certificate

Choose File

Remove

Download

(f) Optional attachments

Choose File

Remove

Download

Part B: Statement

I, partner of* registered under the Indian Partnership Act, 1932 or under*
 at* in the State/UT of*
on* (DD/MM/YYYY) registration number*
and also named in the incorporation document of* as a partner or designated
partner give my consent for the conversion of the said firm M/s* into the limited liability
partnership.

- * I state that I shall be personally liable (jointly and severally with the limited liability partnership) for the liabilities and obligations of the firm which were incurred prior to the conversion or which arose from any contract entered into prior to the conversion.
- * I further state as under:
- (i) that all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of conversion of firm into limited liability partnership and matters precedent and incidental thereto;
 - (ii) that all the partners of the limited liability partnership comprise all the partners of the firm and no one else;
 - (iii) that the applicable clearances, approvals or permissions for conversion of the firm into a limited liability partnership from any body/ authority have been obtained;
 - (iv) that the consent of all the secured creditors for conversion of the firm into limited liability partnership has been obtained;
 - (v) that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

*To be digitally signed by

DSC BOX

*DIN/DPIN/PAN 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 the required attachments have been completely and legibly attached to this form.

*Category:

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

*Whether Associate or Fellow:

Associate

Fellow

*Membership No.

*Certificate of Practice number

*To be digitally signed by

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby approved

This eForm is hereby rejected

Date of signing (DD/MM/YYYY)



सत्यमेव जयते

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]

Form language

English Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

Part A: Application

1 *Name of the proposed LLP

2 Details of the Company

(a) *CIN

(b) *Name of the Company

(c) *Date of Incorporation

(d) *Name of office of Registrar of Companies

(e) *Address of the registered office of the company

(f) *e-mail ID of the company

(g) *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 up to which such return is filed (DD/MM/YYYY)

(h) *Total number of shareholders

3 Details of Conversion

(a) *Total number of partners in the LLP

(b) All the shareholders of the company have given their consent for conversion of the company into the limited liability partnership.

(c) All the partners of the limited liability partnership comprise all the shareholders of the company and no one else.

(d) *Whether any security interest in the assets of the company is subsisting or in force.

Yes No

(e) *Whether any prosecution initiated against or show cause notice received by the company for alleged offences under the Companies Act, 2013.

Yes No

If Yes, give details in the following manner.

Number of cases

Date of issue of show cause notice (DD/MM/YYYY)	Section of the Companies Act under which action being initiated	Status (reply sent or under examination by concerned Authority)

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

Yes No

If Yes, details thereof in following manner.

Number of proceeding

Name of Court/ Tribunal/ Authority	Particulars of such proceedings

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

Yes No

If yes, give SRN of earlier LLP Form 18

Reasons for refusal of earlier Form 18

(h) *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favor of or against the company is subsisting.

Yes No

If Yes, details thereof in following manner.

Number of proceedings

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

(i) *Whether there are any secured creditors.

Yes No

Consent of all the secured creditors for conversion of the company into limited partnership has been obtained.

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

Yes No

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

Number of authorities whose approval has been obtained

Name of the authority	Date of approval (DD/MM/YYYY)	Order Number

(k) * Up to date documents including latest balance sheet and annual returns under the Companies Act, 2013 have been filed.

(l) *Whether the company is engaged in carrying out any financial activity.

Yes No

(m) *Total Assets of the entity

(n) *Total financial Assets of the entity

(o) *Total revenue of the entity

(p) *Total revenue of the entity from financial assets

Attachments

(a) *Statement of Assets and Liabilities of the company duly certified as true and correct by the auditor not be older than 15 days

(b) List of secured creditors along with their consent

(c) Approval from any other body/authority

(d) *Copy of acknowledgement of latest income tax return

(e) *Auditor Certificate

(f) Optional attachments, if any

Part B: Statement

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, 2013;
- (vi) that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

*To be digitally signed by

DSC BOX

*DIN/DPIN/PAN of the Designated Partner

Certificate

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

I further certify that all the required attachments have been completely and legibly attached to this form.

*Category:

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

*Whether Associate or Fellow:

- Associate
- Fellow

*Membership No.

*Certificate of Practice number

*To be digitally signed by

DSC BOX

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby approved

This eForm is hereby rejected

Date of signing (DD/MM/YYYY)

DSC BOX

DSC BOX

Format of Application Approval letter (Conversion from firm/company into LLP)



GOVERNMENT OF INDIA

MINISTRY OF CORPORATE AFFAIRS

Central Registration Centre

Form 19

[Refer Rule 32(1) of the LLP Rules, 2009]

Certificate of Registration on Conversion

OF

<OLD NAME OF FIRM/PRIVATE COMPANY/UNLISTED PUBLIC COMPANY>

TO

<NEW NAME OF THE LLP>

LLP Identification Number: <LLPIN>

The Permanent Account Number (PAN) of the LLP is <PAN>*/@

The Tax Deduction and Collection Account Number (TAN) of the LLP is <TAN>*/@

It is hereby certified that <Name of the LLP> is this day registered pursuant to section 58(1) of the LLP Act 2008.

Given under my hand at Manesar this < Date of approval of the work item in words (i.e. FIRST, SECOND etc.)> day of < Month of approval of the work item in words > <YEAR of approval of the work item in words>.

<Document Signer>

<Full name of the Authorising officer approving the work-item>

<Assistant Registrar of Companies/ Deputy Registrar of Companies/ Registrar of Companies>

For and on behalf of the Jurisdictional Registrar of Companies

Registrar of Companies

Central Registration Centre

Disclaimer: This certificate only evidences incorporation of the LLP on the basis of documents and declarations of the applicant(s). This certificate is neither a license nor permission to conduct business or solicit deposits or funds from public. Permission of sector regulator is necessary wherever required. Registration status and other details of the LLP can be verified on www.mca.gov.in

Mailing Address as per record available in Registrar of Companies office:

< Name of the LLP >

< Address of the registered office of the LLP >

*as issued by Income tax Department



सत्यमेव जयते

LLP Form No. 22

Notice of intimation of order of Court/ Tribunal /Central Government to the Registrar
[Pursuant to rule 35(11), 35(17) and 41(4) of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked * are mandatory

LLP/FLLP details

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

2 (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) *Jurisdiction of Police Station

(d) *Email ID

Order details

3 (a) *Order passed by

(Court/Central Government/ National Company Law Tribunal/National Company Law Appellate Tribunal/ Any other competent authority)

(b) *Name of the <Court/ Central Government office/ National Company Law Tribunal bench/National Company Law Appellate Tribunal office/ competent authority>

(c) *Location

Specify others

(d) *Petition or application number

(e) *Order number

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

5 *Relevant act under which order is passed

LLP Act, 2008

Insolvency and Bankruptcy Code, 2016

Others

(a) Section of LLP Act, 2008 and relevant Rules under which order is passed

(60(3) read with Rule 35(11)- Compromise or Arrangement of LLP/62(3) read with Rule 35(17)- Reconstruction or Amalgamation of LLP/64 and rule 35(17)- Liquidation/39 and rule 41(4)- Compounding of offence/For

emalgamated / inactive LLP / FLLP to Active/For dissolved / Under Liquidation LLP to Active/Appeal order
w.r.t. conversion of firm / company into LLP/Others)

(b) Section of Insolvency and Bankruptcy Code, 2016 under which order is passed
(7-Admission of CIRP filed by financial creditor/9-Admission of CIRP filed by operational creditor/10-
Admission of CIRP filed by corporate debtor/12A-Withdrawal of application admitted under section
7, 9 or 10/22(3)- Replacement of IRP / RP/31-Approval of resolution plan/33-Order of Liquidation/54-
Dissolution/59(8)- Dissolution (Vol. Liq. / Others)

(c) Specify others

Section details

Section description

6 *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 Tribunal order or order of the
competent authority, as the case may be)

7 *Date of application to Court or Tribunal or competent authority for issue of certified copy
of order (DD/MM/YYYY)

8 *Date of issue of certified copy of order (DD/MM/YYYY)

9 *Due date by which order is to be filed with Registrar

10 *Description of order

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

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

13 *Whether cost involved or not

Yes No

If yes, details of cost paid

Details of IRP/RP

14 Details of Interim Resolution Professional (IRP)/ Details of Resolution Professional (RP) / Details of liquidator

(a) Income-tax permanent account number
(Income-tax PAN)

(b) IBBI Registration No.

(c) Name

(d) Mobile No

(e) Email ID

(f) Address

Address Line1

Address Line2

Country

Pin code /Zip Code

Area/Locality

City

District

State/UT

Attachments

15 (a) * Certified Copy of order of Court/ NCLT/ NCLAT/ Central Government/ anyother Competent Authority

Choose File

Remove

Download

(b) Optional attachment(s) - if any

Choose File

Remove

Download

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

DSC BOX

Particulars of the person signing and submitting the form

*Name

*Designation

(Designated Partner/ Authorized representative/ LLP Administrator/ Liquidator/ Interim Resolution Professional (IRP)/ Resolution Professional (RP)/ Others)

Capacity

*DPIN in case of Designated partner/ DPIN or Income-tax PAN in case of Authorized representative/ PAN in case of LLP Administrator/ Interim Resolution Professional or Resolution professional or Liquidator/Others

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)



सत्यमेव जयते

LLP Form No. 23

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

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

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked * are mandatory

1 Applicant details

(a) *Category of applicant

(Limited Liability Partnership (LLP)/ Company/ Other entity)

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

(c) *Name of the LLP/ Company/ Applicant

2 Address

(a) *Address Line1

Address Line2

*Country

*Pin code / Zip Code

*Area/ Locality

*City

District

*State

Jurisdiction of Police Station

(b) Contact Details

Phone (with STD/ISD code)

*Mobile No.

*email ID

3 Details of the LLP against whom application is filed

(a) *LLPIN

(b) *Name of the LLP

(c) *Address of the registered office of the LLP

(d) *e-mail ID

4 *Grounds of objection

Attachments

(a) Copy of incorporation/registration certificate of LLP or the company or registration certificate of other entity, if any

Choose File

Remove

Download

(b) Optional attachment(s) - if any

Choose File

Remove

Download

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.

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

*Designation

(Designated Partner/ Managing director/ Director/ Manager/ Secretary/ Applicant)

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

Signature Field 1

DSC BOX

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-Form is hereby approved

DSC BOX

This e-Form is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No. 24

Application to the Registrar for striking off name
[Pursuant to rule 37 of Limited Liability Partnership Rules, 2009 and Section 75 of
The Limited Liability Partnership Act 2008]

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

LLP details

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 *Reasons for making the application

4 *Whether action has been initiated by Registrar as per Rule 37(1)?

Yes

No

5 *Whether up to date Income-tax returns filed

Yes

No

6 *Date from which the LLP ceased to carry on business (DD/MM/YYYY)

7 Regulator details

(a) *Whether the LLP's activities is/are regulated under any
Law/ Rules/ Regulations?

Yes

No

(b) If Yes, specify name of the Regulator and law under which this entity is regulated

(c) Date of obtaining the approval/NOC of regulatory body (DD/MM/YYYY)

8 Prosecution details

(a) *Whether there are any prosecutions pending against or involving the LLP or any
of its partners/designated partners

Yes

No

(i) Number of prosecution(s) pending against or involving the LLP or any of its
partners/designated partners

(b) Details in respect of pending prosecution

(i)	(ii)	(iii)	(iv)	(v)
Act under which prosecution is pending	Name of the court before which it is pending	Case number	Subject matter	Section of the Act

9 Statement of Accounts disclosing Nil Assets and Nil Liabilities [sub-clause (a) of clause (II) of sub-rule (1A) to rule 37(1)]

(a) *Statement of Account as on date

Particulars: (Brief break up in respect of each Item needs to be given)

(b) Source of Funds:

(i) *Capital

(ii) *Reserves and Surplus (including balance in Profit and Loss Account)

(iii) *Loan Funds:

(1) *Secured Loans from Financial Institutions

(2) *Secured Loans from Banks

(3) *Secured Loans from Govt.

(4) *Others Secured loans

(5) *Debentures

(6) *Unsecured loans

(7) *Deposits and interest thereon

(8) *Total Loan Funds

(iv) *Total [b(i)+b(ii)+b(iii)(8)]

(c) Application of Funds:

(i) *Fixed Assets

(ii) *Investments

(iii) *Current Assets, Loans and Advances

(iv) *Current Liabilities and Provisions:

(1) *Creditors

(2) *Unpaid Dividend

(3) *Payables

(4) *Others

(5) *Total Current Liabilities and provisions

(v) *Net Current Assets [c(iii)-c(iv)(5)]

(vi) *Miscellaneous expenditure to the extent not written off or adjusted

(vii) *Profit and Loss Account (Debit Balance)

(viii) *Total [c(i)+c(ii)+c(v)+c(vi)+c(vii)]

*Place

*To be digitally signed by

DSC BOX

*Name

*Designation

*Membership Number/Certificate of Practice Number

Attachments

(a) *Copy of authority to make the application duly signed by all partners

 Choose File Remove Download

(b) *Copy of acknowledgment of latest Income Tax return

 Choose File Remove Download

(c) *Form 8_Statement of Account Solvency and Charges

 Choose File Remove Download

(d) *Form 11_Annual Return of LLP

 Choose File Remove Download

(e) Copy of order / NoC of the concerned regulatory authority

 Choose File Remove Download

(f) *Affidavit signed by designated partners
[sub-clause (b) of (ii) of sub-rule (1A) to rule 37(1)]

 Choose File Remove Download

(g) Optional attachment(s) – if any

 Choose File Remove Download

Verification

To the best of my knowledge and belief, the information given in the application and its attachments is correct and complete. I am aware that I shall be liable for prosecution under Section 37 of the LLP Act, 2008 if any part of the statements made or information furnished herein contain any misstatement which is false in any material particular or omission of any material fact.

Assets of the LLP shall be made available for payment of liabilities even after date of order for removal of name of LLP from register.

The liability of every DP of LLP dissolved shall continue and may be enforced as if the limited liability partnership had not been dissolved.

*To be digitally signed by a designated partner

DSC BOX

*DPIN/DIN of the designated partner

Save

Submit

For office use only:

eForm Service Request Number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby approved

This eForm is hereby rejected

Date of signing (DD/MM/YYYY)



LLP Form No. 25

Form language

English

Hindi

Application for reservation/ renewal of name by a Foreign Limited Liability Partnership (FLLP)/Foreign Company
[Pursuant to rule 18(3) of Limited Liability Partnership Rules, 2009]

Refer instruction kit for filing the form

All fields marked in * are mandatory

Entity Details

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

*Address Line I

Address Line II

*Country

*Pin code/Zip code

*Area/Locality

*City

District

*State/ UT

*E-mail ID

Phone

Applicant's details

5 *Name of the applicant

6 Address of the applicant

*Address Line I

Address Line II

*Country

*Pin code/Zip code

*Area/Locality

*City

District

*State/UT

Jurisdiction of Police Station

*E-mail ID

*Mobile number

Entity details

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

8 *Incorporation or registration number

9 *Country of incorporation or registration

Attachments

(a) *Certified copy of the authority to submit the application

(b) Certified copy of the incorporation or registration certificate

(c) Optional attachment(s) - if any

Verification

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

* I have been authorized to sign and submit this application.

DSC BOX

*To be digitally signed by applicant

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby approved

DSC BOX

This e-form is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No. 27

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

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

Form language

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked in * are mandatory

Foreign LLP information

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

(b) *Incorporation/ registration number of the limited liability partnership (LLP) incorporated or registered outside India

2 Full address of the registered or principal office of the limited liability partnership incorporated or registered outside India

*Address Line1

Address Line2

*Country ▼

*Pin code/Zip code

*Area/Locality

*City

District

*State/UT

*Email ID

*Is the country part of Hague Convention? Yes No

*Is the country part of Commonwealth? Yes No

3 (a) *Details of relevant Statute under which the limited liability partnership has been incorporated or registered outside India

(b) *Brief description of approvals / authority obtained outside India under which Limited Liability Partnership is establishing a place of business in India

4 *Date of establishment of principal place of business in India (DD/MM/YYYY)

5 Details of type of office and main division of business activity

(a) *Type of office

Liaison Office
 Branch Office
 Project Office
 Other Office

(b) If other, then provide details

(c) (i) *Main Sub-class of industrial activity to be carried out in India

(ii) *Description of the main sub-class of industrial activity to be carried out in India

6 (a) *Whether any approval is required for setting up the office in India?

Yes
 No

(b)	(c)	(d)	(e)	(f)	(g)
S No	Name of the Authority (<i>Reserve Bank of India/ Securities and Exchange Board of India/ Insurance Regulatory and Development Authority/ Others</i>)	If Others, please specify	Order number	Validity <input type="radio"/> Unlimited <input type="radio"/> Fixed	Approval valid till (DD/MM/YYYY)
	<input type="text"/>				

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

*Address Line1

Address Line2

*Longitude

*Latitude

*Country

*Pin code/Zip code

*Area/Locality

*City

District

*State/UT

*Jurisdiction of Police Station

*Email ID

Details of Partners / Designated Partners in the Foreign LLP

8. Number of partners and designated partners

(a) *Number of partners

(i) Details of Partner of the Foreign LLP - Partner 1

(b) *Number of designated partners

(i) Details of Designated Partner of the Foreign LLP - DP1

(c) (i) Designated Partner Identification number (DPIN)

(ii) First Name

(iii) Middle Name

(iv) Last Name

(d) Address

Address Line1

Address Line2

Country

Pin code/Zip code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

(e) PAN/Passport Number

(f) Email ID

Details of Authorized Representatives

9 Details of persons resident in India and authorized 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

(a) *Number of persons authorized

(i) Particulars of person authorized – 1

(b) Designated Partner Identification Number (DPIN)

Fetch from dielocker

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

(i) First Name

(ii) Middle Name

(iii) Last Name

(d) Father's Name

(i) First Name

(ii) Middle Name

(iii) Last Name

(e) *Designation

(f) *Nationality

(i) *Is the Nationality of origin different from the above mentioned nationality Yes No

(ii) Nationality of origin

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

(g) Income-tax permanent account number (Income-tax PAN)

Verify Income-Tax PAN

(h) Permanent Residential Address

*Address Line 1

Address Line 2

*Country

*Pin code/Zip code

*Area/Locality

*City

District

*State/UT

Jurisdiction of Police Station

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

If no, present residential address

*Address Line 1

(g) If the documents attached is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34

Choose File Remove Download

(h) Optional attachment(s) - if any

Choose File Remove Download

Verification

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

*To be digitally signed by

DSC BOX

*Authorized representative of FLLP

▼

*DPIN or Income tax PAN

Save

Submit

For office use only:

eForm Service Request Number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No. 28

Alteration in the documents filed for registration by Foreign LLP
[Pursuant to rule 34(3) and 34(8) of Limited Liability Partnership Rules, 2009]

Form language

English Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked in * are mandatory

LLP Information

- 1 *Foreign Limited Liability Partnership Identification Number (FLLPIN)
- 2 *Name of the Limited Liability Partnership (LLP) incorporated or registered outside India
- 3 (a) *The above mentioned foreign LLP having established a place of business in India at
- (b) *E-mail ID
- (c) *hereby gives you notice of
- A. Alteration in incorporation document or other instrument of LLP
- B. Alteration in registered or principal office of the LLP in the country of incorporation
- C. Alteration in Particulars of Partners / Designated Partners of LLP incorporated or registered outside India
- D. Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India
- E. Alteration in particulars of authorized person of LLP
- F. Alteration in address of principal place of business in India of the LLP
- G. Closure of place of business in India.
- 4 *Financial year ended on (DD/MM/YYYY)

Details of alteration

A. Alteration in incorporation document or other instrument of LLP

- (a) Brief description of the alteration
- (b) Date of Alteration (DD/MM/YYYY)

B. Alteration in registered or principal office of the LLP in the country of incorporation

- (a) Date of Alteration (DD/MM/YYYY)
- (b) The new address is as under: -

Address Line1

Address Line2

Country

Pin code/ Zip code

Area/Locality

City

District

State/UT

C. Alteration in Particulars of Partners / Designated Partners of LLP incorporated or registered outside India

(a) Type of alteration

- Appointment of new partner(s) or designated partner(s) Cessation of partner(s) or designated partner(s)

Appointment of new partner(s) or designated partner(s)

(b) How many partners are being appointed?

(i) Details of Partner of the foreign LLP – Partner 1

(c) How many designated partners are being appointed?

(i) Details of Designated Partner of the foreign LLP - DP1

(d) Designated Partner Identification number (DPIN)

(e) (i) First Name

(ii) Middle Name

(iii) Last Name

(f) Address

Address Line1

Address Line2

Country

Pin Code/Zip code

Area/Locality

City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Jurisdiction of Police Station	<input type="text"/>
PAN/Passport Number	<input type="text"/>
E-mail ID	<input type="text"/>

(g) Cessation of Partners/Designated Partners

(i) How many Partners/Designated Partners are to be ceased?

(ii) S No	(iii) Select the name of Partners/Designated Partners <input type="text"/>	(iv) Date of cessation of Partners/Designated Partners (DD/MM/YYYY)

D. Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India

(a) Brief description of the alteration

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

(c) (i) Whether there is any change in name of Limited liability partnership incorporated or registered outside India Yes No

(ii) If yes, specify changed name

E. Alteration in particulars of authorized person of LLP

(a) Type of alteration

Addition of a person authorized to accept service

Modification to particulars of a person already authorized to accept service

Deletion of a person authorized to accept service

(b) Addition of a person authorized to accept service

(i) How many authorized persons are being appointed?

(ii) Addition of details of authorized person 1

(c) Modification to particulars of a person already authorized to accept service

(i) How many authorized persons details are being modified?

(ii) Select the name of authorized person

(d) (i) Date of Alteration (DD/MM/YYYY)

(ii) Designated partner identification number (DPIN)

(e) Fetch from digilocker

Fetch from digilocker

(f) Income-tax permanent account number (Income-tax PAN)

Verify Income-Tax PAN

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

(i) First Name

(ii) Middle Name

(iii) Last Name

(h) Father's Name

(i) First Name

(ii) Middle Name

(iii) Last Name

(i) Designation

(j) Nationality

(i) Is the Nationality of origin different from the above mentioned nationality

(ii) Nationality of origin

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

(l) Permanent Residential Address

Address Line 1

Address Line 2

Country

Pin code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

(m) Whether present residential address is same as the permanent residential address

Yes No

If no, present residential address

Address Line1

Address Line2

Country

Pin code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

(n) Mobile Number

(o) E-mail ID

(p) (i) Number of LLP(s) in which the authorized representative is a partner

(ii) Number of Company(s) in which the authorized representative is a director

(q) Details of company(s)/ LLP(s) in which authorized representative is a director/partner

(i) S No	(ii) CIN/LLPIN	(iii) Name of Company/ LLP

Deletion of a person authorized to accept service

(r) (i) How many authorized persons are to be deleted?

(ii) Select the name of authorized person

(iii) Date of removal of authorized person (DD/MM/YYYY)

F. Alteration in address of principal place of business in India of the LLP

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

(b) The changed address is as under:

Address Line1

Address Line2

Country

Longitude

Latitude

Pin code/Zip code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Phone

G. Closure of place of business in India

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

(b) It is hereby declared that the LLP

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

(ii) has filed with the Registrar all documents due for filing

Attachments

(a) *Copy of the decision or other document through which alteration has been made

Choose File

Remove

Download

(b) Copy of altered incorporation document or other instrument of LLP certified in the manner specified in the sub-rule (2) of rule 34

Choose File

Remove

Download

(c) If the documents attached is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34

Choose File

Remove

Download

(d) Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership

Choose File

Remove

Download

(e) Power of attorney in favor of authorized representative

Choose File

Remove

Download

(f) Optional attachment(s) - if any

Choose File

Remove

Download

Verification

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

*To be digitally signed by

DSC BOX

*Authorized representative of Foreign Limited Liability Partnership

*DPIN or Income tax PAN of the authorized representative

Save

Submit

For office use only:

eForm Service Request Number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)



LLP Form No.31

Application for compounding of an offence under the Act
[Pursuant to rule 41(1) of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked in * are mandatory.

Applicant Category

1 *Category of applicant

(Limited Liability Partnership (LLP)/Foreign Limited Liability Partnership (FLLP)/Others)

LLP/ FLLP Details

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 registered office of the LLP or principal place of business in India of foreign LLP

(c) Jurisdiction of Police Station

(d) e-mail ID of the LLP/FLLP

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

(a) Name

(b) Address Line 1

Address Line 2

Country

Pin code

Area / Locality

City

District

State/UT

(c) Jurisdiction of Police Station

(d) E-mail ID

Other Details

5(a)*Name of office of the ROC to which application is being made

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

LLP or Foreign LLP Designated Partner Partner Authorized Representative Others

(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

(Designated Partner/Authorized Representative/Partner/Others)

- Designated Partner Identification Number (DPIN) or
 Income tax Permanent Account Number or Passport number

Name

7(a) *Whether Show cause notice received

Yes No

(b) Notice number

(c) Date of Notice (dd/mm/yyyy)

(d) *Please indicate the section of the Act under which offence has been committed

(e) *Indicate the relevant penal provisions of the Act

(f) *Grounds of filing the application

(g) *Period of default – From (dd/mm/yyyy)

(h) *Period of default – To (dd/mm/yyyy)

(i) *Reasons that led to the default

(j) *Whether the offence has been made good as on date of application, if applicable

Yes No

(k) If yes, the date of making the default good (dd/mm/yyyy)

(l) Brief particulars as to how the default has been made good

(m) If no, Why the default has not been made good?

8. SRN of Form-8 (Statement of Account & Solvency)

9. Details of previous compounding application in last three years for the same default

Attachments

(a) Copy of Show cause notice received

 Choose File Remove Download

(b) Copy of authority to make the application on behalf of the LLP or FLLP

 Choose File Remove Download

(c) Copy of authority to make the application on behalf of other persons

 Choose File Remove Download

(d) Optional attachment(s) - if any

 Choose File Remove Download

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 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

 DSC BOX

Designation

(Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/ Others)

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

Certificate by practicing professional

To be digitally signed by

 DSC BOX

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

Whether associate or fellow:

Associate Fellow

Membership number

Certificate of Practice number

Save

Submit

For office use only:

*e-Form Service request number (SRN)

*e-Form filing date (dd/mm/yyyy)

Digital signature of the authorizing officer

*This e-Form is hereby approved

*This e-Form is hereby rejected

*Date of signing (dd/mm/yyyy)



LLP Form No. 32

Form language

Form for filing addendum for rectification of defects or incompleteness
[Pursuant to rule 36(6) of Limited Liability Partnership Rules, 2009]

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked * are mandatory

SRN details

1 *Service Request Number (SRN) of relevant form(s)

(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

(b) *Form number(s)

LLP/FLLP/Company information

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

4 (a) Name of the Limited Liability Partnership (LLP) or Foreign Limited Liability Partnership (FLLP) 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 form (applicable in case of filing in respect of non-LLP or LLP yet to be incorporated)

(d) e-mail ID

Other information

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 dropdown below. Maximum five documents can be attached)

Attachment

6 (a) Type of document

Choose File

Remove

Download

(b) Type of document

Choose File

Remove

Download

(c) Type of document

Choose File

Remove

Download

(d) Type of document

Choose File

Remove

Download

(e) Type of document

Choose File

Remove

Download

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

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

DSC BOX

Designation

(Designated partner/Authorized representative)

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

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

DSC BOX

Designation

(Chartered Accountant (in whole time practice)/Company Secretary (in whole time practice)/Cost Accountant (in whole time practice)/Director/Managing director/Manager/Secretary/Advocate/ Applicant/Partner/LLP Administrator/Others)

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.

To be digitally signed by

DSC BOX

Category

Chartered accountant (in whole time practice)

Cost accountant (in whole time practice)

Company secretary (in whole-time practice)

Whether:

Associate

Fellow

Membership number or Certificate of Practice number


Save

Submit

This form is not required to be signed by authorizing officer as this has been filled in respect of an already filled e-Form

10. In the principal rules, the Form 29 shall be omitted.

[F. No. 01/03/2021-CL.V- Part IV]


04/3/2022
K.V.R. MURTY, Jt. Secy.

Note: - The principal rules, were published in the Gazette of India *vide* notification number G.S.R. 229 (E) dated the 01st April, 2009 and last amended *vide* notification number G.S.R 109 (E) dated the 11th February, 2022.

F. No. 1/3/2021-CL-V-Part IV
Government of India
Ministry of Corporate Affairs

5th Floor, 'A', Wing, Shastri Bhavan
Dr. R.P.Road, New Delhi-110001
Dated: 04 March, 2022

UNDERTAKING

The Competent Authority in the above mentioned Ministry has approved publication of a Gazette notification and subsequently the authenticated matter for Gazette notification has been submitted by this Ministry vide letter No. F. No. 1/3/2021-CL-V-Part IV dated 04 March, 2022.

2. It is understood that as per the procedure defined by the Ministry of Urban Development regarding e-Publication of Government of India Gazette notifications, this Gazette notification will be e-published on the official website i.e. www.e-gazette.nic.in and no physical printing will be undertaken and no hard copies will be provided. It is undertaken that this Ministry will take all steps and action necessary requiring submission and circulation of the e-published Gazette notification (either in electronic form or in physical form) to various authorities mandated by Law or otherwise. In particular, timely submission will be ensured, wherever required, to submit required number of copies for laying on the Table of Both the Houses of Parliament, the Committee on Subordinate Legislation, Parliament Library, etc.

Place: New Delhi
Date: 04/03/2022

Signature.....
Name: K. V. R. Murty 04/3/2022
Joint Secretary
Ministry of Corporate Affairs

Stamp/seal

To
The Manager,
Government of India Press
Mayapuri, New Delhi-64