

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

# MINISTRY OF CORPORATE AFFAIRS NOTIFICATION

New Delhi, the04 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: -
  - 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.
  - 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".
  - 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;
- 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

Form language

Reserve Unique Name-LLP			English	Hindi
		88		
सत्यमेव जयते				
Refer instruction kit for filing the form				
All fields marked in * are mandatory				
New Request / Resubmission				
1.*Purpose of filing				
O New incorporation	0	Conversi	on of firm into LLP	
Conversion of private company/unlisted public company into LLP	0	Change o	f name of existing LLP	
2.(a) CIN				
2.(b) LLPIN				
61792				
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Search and select Industry sub	o-class (N	IIC Codes)	A CONTRACTOR OF THE PARTY OF TH	
3.(a) Main NIC Code (sub-class) of industrial activity of the company				
3.(b) Description of the main sub-class				
				55
4.(a) *Proposed Name 1				
Alay Froposed Name I				
4.(b) *Proposed Name 2				
		169		
Attachment	4!		Chocse File Remove	Download
		_		
		A	uto check Save	Submit
Once you have submitted the name reservation request it will then be checked and				

# FILLIP

Form language

Form for Incorporation of Limited Liability Partne (Pursuant to Rule 8, Rule 11 and Rule 18 of Limited सन्योग जगते	
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 Compan	les O Yes O No
(b) Service Request Number (SRN) of RUN-LLP	
(c) *Type of incorporation	
O New incorporation	O Conversion of firm into LLP
O 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 r	iame
(c) State the name of the vernacular language(s) if used in the promeaning thereof	oposed name and
(d) Whether the proposed name is based on a trademark register matter of an application pending for registration under the T	SECTION OF SECTION SEC
If yes, furnish particulars of trademark or application	
Attachments	
(a) In principle approval of regulatory authority, if required	Choose File   Hemove   Download
(b) Approval of the owner of the trademark or the applicant of such application for registration of Trademark	Choose File Hemove Download
(c) Copy of approval in case the proposed name contains any word(s) or expression(s) which requires approval from central government	Choose File Semone Download

(d) Copy of approval from the competent authority in case of collaboration and connection with the foreign country or place	We file	Choose File	Remove Cownload
(e) Copy of Board resolution of the existing company or consent of existing LLP as a proof of no objection	500100	Choose File	Remove Download
(a) Address of registered office of LLP			
*Address Line			
Address Line II			
*Country			[v
*Pin code / Zip Code			
*Area/ Locality			[v
*City			
District			
*State / UT			
*Longitude	(3)		
*Latitude	0.4		
*Jurisdiction of Police Station			
b) Contact Details			
Phone (with STD/ISD code)			
*Mobile No.			
Fax			
*Email ID	×		= 22 6
c) Attachments			**
*Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed/Rent Agreement along with rent receipts)	Cec. (41)	Choose File	Remove Download
*Copy of the utility bills (not older than two months)	-12	Choose File	Remove Download
<ul> <li>*Name of the office of Registrar in whose jurisdiction the proto be registered</li> </ul>	oposed LLP is	10- F	V

rima	ary	Industry sub class (as per NIC codes 2008)	Description of NIC code			
		Q		Delete	×.	
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escrip	otion of indus	trial activities to be carried o	ut by the LLP			
ı) Mai	in industrial a	ctivity				
- 44	IIC code					
		S 60		-		
- *D	Description of	NIC code		_		
) Oth	er industrial a	activity	1			
. 44	AIC code		+0			
- "N	erc code			_		
- *0	escription of	NIC code				
otal n	umber of des	signated partners and partne	ers of the LLP			
			SAMPLE STATE OF	N/DPIN	Not having valid DIN/	DPIN
SI #	Particulars		ers of the LLP  Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI#	Particulars	of Designated Partners	SAMPLE STATE OF	N/DPIN	Not having valid DIN/	DPIN
otal n SI# 1 A B	Particulars *Number c	of Designated Partners	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI# 1 A B	Particulars *Number of - *Individe - *Body or	of Designated Partners uals orporates and their nominee	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI # 1 A B	Particulars *Number of - *Individe - *Body of	of Designated Partners uals orporates and their nominee of Partners other than Design	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI # 1 A B B	Particulars *Number c - *Individe - *Body ce  *Number c - *Individe	of Designated Partners uals orporates and their nominee of Partners other than Design uals	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI# 1 A B B	Particulars *Number c - *Individe - *Body ce  *Number c - *Individe	of Designated Partners uals orporates and their nominee of Partners other than Design	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
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1#	Particulars *Number c - *Individe - *Body ce  *Number c - *Individe - *Body ce	of Designated Partners uals orporates and their nominee of Partners other than Design uals orporates and their nominee	Having valid DII	N/DPIN	Not having valid DIN/	DPIN
SI # 1. A. 33	Particulars *Number of - *Individe - *Body or *Number of - *Individe - *Body or  *Total num	of Designated Partners uals proporates and their nominee of Partners other than Design uals proporates and their nominee when of Partners and Designa	Having valid DII	SALW S		DPIN
SI # 1 A B B 2 A B	Particulars *Number of - *Individe - *Body or *Number of - *Individe - *Body or  *Total num	of Designated Partners uals proporates and their nominee of Partners other than Design uals proporates and their nominee when of Partners and Designa	Having valid DII	SALW S		DPIN
SI# 1 A B Z A B	Particulars  *Number of - *Individual *Number of - *Individual *Body or - *Total number of - *Total number of - *Individual *Individ	of Designated Partners uals orporates and their nominee of Partners other than Design uals orporates and their nominee other of Partners and Designa dual designated partners /d	Having valid DII	SALW S		DPIN
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il# L A B B B G B	Particulars  *Number of - *Individual - *Body or  *Number of - *Individual - *Body or  *Total num  plars of individual ticulars of individual control of individual designated particulars  Name  Whether residual	of Designated Partners uals orporates and their nominee of Partners other than Design uals orporates and their nominee ober of Partners and Designa dual designated partners /d dividual designated partners of Designated partner ortner identification number	Having valid DII	ee of body	corporate	DPIN
I#	Particulars  *Number of - *Individual - *Body or  *Number of - *Individual - *Body or  *Total num  plars of individual ticulars of individual control of individual designated particulars  Name  Whether residual	of Designated Partners uals orporates and their nominee of Partners other than Design uals orporates and their nominee ober of Partners and Designa dual designated partners /d dividual designated partners f Designated partner	Having valid DII	ee of body	corporate	DPIN

Number of shares held		
Paid up value of shares held (in INR)		
(ii) Description of contribution		
Form of contribution		[▼]
(Conversion/Cash /Other than cash)	1	
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	a.	
(B) Particulars of Individual designated partners not having DIN/DPIN		
(i) Basic details of Designated partner	Fet	tch from digilacker
First Name		
Middle Name		
Surname		
Father's First name	7	
Father's Middle name		
Father's Surname		
Gender	-	
(Male/Fernale/Transgendar)		<b>[Y]</b>
Date of Birth (DD/MM/YYYY)		
Nationality		V
Whether resident of India	O yes	ONo
Income-tax PAN/Passport number	<b>OPAN</b>	O Passport number
Income-tax PAN/Passport number details		
		Verify PAN
Place of Birth (State)		
Place of Birth (District)	7	Y

Whether citizen of India	O Yes O No
Occupation type (Business/Professional/Government Employment/Private Employment /Housewije/Student/Others)	<b>V</b>
Description of others	
Area of Occupation	V
If 'Others' selected, please specify	
Educational Qualification	[V
[Primary education/Secondary education Vacational qualification/Bachelor's degree/Master degree /Doctorate or higher/Professional/Oiploma /Others)	
If 'Others' selected, please specify	
Mobile No.	
Email ID	
(ii) Permanent address	
Address Line I	
Address Line II	
Country	V
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	O Yes O No
Present address	
Address Line I	
Address Line II	
Country	v

(0)

Pin code / Zip Code			S.C.
Area/ Locality			~
City			
District			
State / UT			
Jurisdiction of Police Station			
Phone (with STD/ISD code)			
Duration of stay at present address (Years/Month)			V
If Duration of stay at present address is less than one ye address of previous residence	earthen		
(iv) Identity Proof			[*]
(Voters Identity Cord/Passport/Driving License/Andhoor)		22	
Residential Proof			▼
(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Unitty Bill/	Registered/Notarized Rent	Agreement)	
Identity Proof No.			
Residential Proof No.			
Submit a copy of the proof of identity and proof of addr	ess		
Proof of identity	D. Call	Choose File	Nemove Download
Residential proof	10000	Choose File	Hemove Download
(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		F	
(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/Compony/Foreign LLP/ Foreign compony/LLP incorporated autolic India (LIDI)/ 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 b	usiness outside India
Address Line I	
Address Line II	
Country	∀
Pin code / Zip Code	
Area/ Locality	F
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	

	1.5
Paid up value of shares held (in INR)	
(ii) Description of contribution	
Form of contribution	▼
(Conversion/Cash /Other than cosh)	[1]
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	O Yes O 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 Rie Remove Download
(D) Particulars of bodies corporate and their nominees as designated partners not having  (i) Particulars of body corporate	DIN/DPIN
Type of body corporate	
(LLP/Company/Foreign LLP/ Foreign company/ LLP Incorporated outside India (LICI)/ Company Incorporated autside India (CXXI)	<b>T</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 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	
Control Contro	
Country	
Pin code / Zip Code	
Area/ Locality	V
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	
Number of shares new	
Paid up value of shares held (in INR)	
(ii) Description of contribution	
Form of contribution	
(Conversion/Cash /Other than cash)	1
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	1
(iii) Particulars of the person signing on behalf of the body corporate as nominee	Fetch from digitocker
First Name	

Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
Gender	T
(Male/Female/Transgender)	<u> </u>
Date of Birth (DD/MM/YYYY)	
Nationality	V
Whether resident of India	O Yes O No
Income-tax PAN/Passport number	O PAN O Passport number
Income-tax PAN/Passport number details	
	Verify PAN
Place of Birth (State)	V
Place of Birth (District)	T
Whether citizen of India	O Yes O No
0	T.
Occupation type Business/Professional/Government Employment	V
rivate Employment /Housewife/Student/Others)	
Description of others	
Area of Occupation	T
If 'Others' selected, please specify	
Educational Qualification	46
(Primary education/Secondary education/ Vacational qualification/Bachelor's degree	V
/Master degree/Doctorate ar higher/Professional/Diploma/Others)	U U
If 'Others' selected, please specify	
Mobile No.	
Email ID	
rermanent address	18
Address Line I	

Address Line II	
Country	v
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	O Yes O 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)	<b>Y</b>
If Duration of stay at present address is less than one year then address of previous residence	
(v) Identity Proof	T
(Vaters identity Card/Passport/Orlving License/Aadhaar)	
Residential Proof	▼
(Bank Statement/Electricity BNI/Telephone bill/Mobile bill)	
Identity Proof No.	
Residential Proof No.	

Proof of identity	Van I fav	Choose File	Remove	Downloa
Residential proof	=67 = 60	Chaose File	Remove	Downlos
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	A1C (SHI)	Choose File	Remove	Downloa
mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf				
articulars of partners other than designated partners				
Particulars of individual partners having DIN/DPIN				
(i) Basic details of Individual partner				
Designated partner Identification number (DIN/DPIN)				
Name				
Whether resident of India		O Yes	O No	
In case of company seeking conversion		7		
Number of shares held				
Paid up value of shares held (in INR)  (ii) Description of contribution				
Form of contribution (Conversion/Cash /Other than cash)				1
		8		
If 'Other than cash' selected, please specify				
Monetary value of contribution (in INR) (in figures)		Ü		
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		79.		
Particulars of individual partners not having DIN/DPIN		73/		
(i) Basic details of individual partner		Fetc	h from digilo	cker
First Name		77.		
		11.		

Surname	
Father's First name	
Father's Middle name	
Father's Surname	
Gender (Male/Female/Transgender)	Į v
Date of Birth (DD/MM/YYYY)	
Nationality	Ţ
Whether resident of India	O Yes O No
Income-tax PAN/Passport number	O PAN O 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	F 6
{Primary education/Secondary education/Vacational qualification/Bachelor's degree/ Moster degree/Dactorate or higher/Professional/Diploma/Others)	
If 'Others' selected, please specify	
Mobile No.	
Email ID	
Permanent address	W
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	<b>T</b>
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)	V V
If Duration of stay at present address is less than one year then address of previous residence	
(iv) Identity Proof	
[Vaters Identity Card/Passport/ Driving License/ Audhour]	
Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile bill)	Ū
Identity Proof No.	
Residential Proof No.	
Submit a copy of the proof of identity and proof of address	
10	Crocse file Terrore Townsord

Proof of identity			
Residential proof	ch ch	pose File Remove	Download
(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)	1		
Number of LLP(s) in which he/she is a partner			
Number of company(s) in which he/she is a director			
Particulars of bodies corporate and their nominees as partn	ers having DIN/DPIN		
(i) Particulars of body corporate			
Type of body corporate			
[LLP/Company/Foreign LLP/ Foreign company/LLP incorporated autside In Company incorporated autside India (CICI)	die (UOI)/		
Corporate identity number (CIN) or foreign company regist	ration		- 7
number (FCRN) or Limited liability partnership identification or Foreign limited liability partnership identification Numb	n number (LLPIN)		
or any other registration number	a (recent)		
PAN			
1000			
Name of body corporate			
	idia or Principal place of busing	ess outside India	
Name of body corporate	ndia or Principal place of busine	ess outside India	
Name of body corporate  Registered office address or Principal place of business in I	ndia or Principal place of busine	ess outside India	
Name of body corporate  Registered office address or Principal place of business in In  Address Line I  Address Line II	ndia or Principal place of busing	ess outside India	[▼
Name of body corporate  Registered office address or Principal place of business in In  Address Line I  Address Line II  Country	ndia or Principal place of busing	ess outside India	(▼
Name of body corporate  Registered office address or Principal place of business in In  Address Line I  Address Line II	ndia or Principal place of busine	ess outside India	(v
Name of body corporate  Registered office address or Principal place of business in In  Address Line I  Address Line II  Country	ndia or Principal place of busing	ess outside India	•
Name of body corporate  Registered office address or Principal place of business in In  Address Line I  Address Line II  Country  Pin code / Zip Code	ndia or Principal place of busine	ess outside India	

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				ĺ,
(Conversion/Cash /Other than cash)		-		- 0
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			. 4	
Number of company(s) in which the entity is a director				
ii) Particulars of the person /designated partner signing on bel	half of the body co	orporate as nominee		
Designated partner Identification number (DIN/DPIN)				
Name				
Whether resident of India		O Yes	O No	
Designation and Authority in body corporate				
Page of weather an increase and the real page of the p			V <u>2</u>	
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	10 11 2 4 10	Choose File	Remove	Download

Particulars of bodies corporate and their nominees as partners not having DIN/DPIN	
(i) Particulars of body corporate	
Type of body corporate (LLF/Company/Foreign LLF/ Foreign company/	
LLP incorporated outside India (LIO)/Company incorporated outside India (CiOI)  Corporate identity number (CIN) or foreign company registration number (FCRN)	3
or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification Number (FLLPIN) or any other registration number	y
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)	
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 nomine	Fetch from digilocker
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
Gender (Male/Female/Transgender)	Ţ
Date of Birth (DD/MM/YYYY)	
Nationality	▼
Whether resident of India	○ Yes ○ No
Income-tax PAN/Passport number	O PAN O Passport number
Income-tax PAN/Passport number details	
	Verify PAN
Place of Birth (State)	( <b>v</b> )
Place of Birth (District)	Y
Occupation type (Business/Professional/Government Employment/Private Employment/Housewife Student/Others)	[ <b>v</b> ]
Description of others	
Area of Occupation	<u> </u>
If 'Others' selected, please specify	

Educational Qualification  (Primary education/Secondary education/Vecational qualification/Bachelor's degree	V
/Master degree/Doctorate or higher/Professional/Diploma/Others)	
If 'Others' selected, please specify	
Mobile No.	
Email ID	
Permanent address	U. <del></del>
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	O Yes O 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 ye of previous residence	ear then address	
	595	
(v) Identity Proof (Voters Identity Cord/Passport/Driving License/Acuthoor)		V
Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile Bill)		[v
Identity Proof No.		
Residential Proof No.		
Submit a copy of the proof of identity and proof of address	Total Control	
Proof of Identity	5R9 (1947	Choose File Remove Download
Residential proof	2012	Choose File Remove Download
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 nominae/designated partner on its behalf	May J. Mills	Chaose File Remove Download
8 Total monetary value of contribution by partners in the LLP		
*Total monetary value of contribution by partners in the LLP (I	n figures)	
*Total monetary value of contribution by partners in the U.P (i	n '} (in words)	
9 PAN/ TAN Information		
Additional Information for applying Permanent Account Numb	er (PAN) and Tax Deductio	n Account Number (TAN)
Information specific to PAN		
*Area code		
*AO type		
*Range code		
*AO No.		
Information specific to TAN		
*Area code		
*AO type		

		page 1	
*Range code			
*AO No.			
*Source of Income			V
(Income from Business/profession/ Capital Gains /Income from h Income from other source /No Income)	ouse property	V-	
*Business/Profession code		1	
Attachments			
(a) Valuation Certificate	5-6-140	Choose File	Remove Cownload
(b) Optional attachment(s) - if any	1000	Choose File	Remove Download
Consent by Designated partners/Partners			
ousiness with a view to earn profit and have entered on We respectively agree to contribute money or other part the LLP agreement, the particulars of which are stated We hereby give our consent to become a partner/ des	r agreed to enter into a LLP agr roperty or other benefit or to p against our respective names. ignated partner/ nominee/ non	eement in writing. erform services for ti ninee & designated p	he LLP in accordance with
We, the several partners whose names are subscribed business with a view to earn profit and have entered of We respectively agree to contribute money or other partners. The LLP agreement, the particulars of which are stated We hereby give our consent to become a partner/design to section 7(4)/ 25(3)(c) of the Limited Liability Partner To the best of my knowledge and belief, the information confirm that the proposed name is not undesirable, ide iability partnership or body corporate or a registered to any other person under the Trade Marks Act, 1999.	or agreed to enter into a LLP agr roperty or other benefit or to po- against our respective names. ignated partner/ nominee/ non ship Act, 2008. (format as an at on given in this form and its atta- entical or too nearly resembles	eement in writing. erform services for ti ninee & designated p ttachment) achments is correct a to that of any other	he LLP in accordance with partner of the LLP pursual and complete, I further partnership firm or limite
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Subscribers' sheet including consent  Subscribers' sheet including consent  Subscribers' sheet including consent  The designated partner of the LLP do state that  Subscribers' sheet including consent	r agreed to enter into a LLP agreeperty or other benefit or to pe against our respective names. ignated partner/ nominee/ non ship Act, 2008. (format as an attentical or too nearly resembles trade mark or a trade mark which the street of the street and the rules mark of the LLP and matters prostion of the LLP and matters prostion of the LLP and matters prostion.	eement in writing. erform services for the services for the limited liab gnated partner(s)/paranede thereunder in related thereunder	he LLP in accordance with partner of the LLP pursual and complete. I further partnership firm or limite plication for registration Remove Download pility partnership; respect of Designated
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Declaration and certification by professional	
i) 1* O Son / O Daughter of*	do state that I am*
O Advocate	Company Secretary in whole time practice
O Chartered Accountant in whole time practice	O Cost Accountant in whole time practice
engaged in the formation of the limited liability partner	ership and my membership number or certificate of practice number
with* (Name of re	egulatory body) is* (certificate of
practice number in case of company secretary/memb	ership in all the cases);
ii) all the requirements of the Limited Liability Partnershi respect of incorporation and matters precedent and in	p Act, 2008 and the rules made thereunder have been complied with icidental thereto;
ii) I make this statement conscientiously believing the sa	me to be true.
Whether associate or fellow	○ Associate ○ Fello
Signature Field 2	DSC BOX
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	DESCRIPTION OF THE PROPERTY OF
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or office use only:	Save Submit
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or office use only:  Form Service request number (SRN)  Form filing date (DD/MM/YYYY)  igital signature of the authorizing officer	Save Submit
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Form Service request number (SRN) Form filing date (DD/MM/YYYY) igital signature of the authorizing officer his eForm is hereby approved his eForm is hereby rejected	DSC BOX

### 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	
il fields marked in * are mandatory	
*Form filed for	
Filling information with regard to initial LLP Agreement For info	ormation with regard to changes in LLP Agreement
*Limited Liability Partnership identification number (LLPIN)	14.
(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	
formation 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 incorpor (DD/MM/YYYY)	ration
Business activities to be carried on by LLP on incorporation	
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 ratio	t or to perform services and their profit sharing

2-30-14	DPIN/Income tax PAN/Passport number of the partner/nomine e	Details of DIN/Income tax PAN/Passport number	Name of Partne r	Name of Nominee in case of body corporat e	Designation (Partner/Designated Partner)	Form of contribution	Monetary value of contributio n	% of Profit sharing
								1
(iii) Te	otal Monetary value	of partners' con	tribution i	n the LLP (in	figures) (INR)		0	
Mutua	al Rights and Duties	of Partners						
Restri	tions, if any, on the	e partners' autho	rity					
Mana	gement and Admini	stration of LLP						- 10
1141100000		COLANA TO VICTORIA MINET COL	00-U11000000000					
	ts, matters or thing: ers/consent of requ				he consent of all the			
portin	angeonaem or requ	isite number of p	circinage	or partners	MS.	P		
			lucting me	etings, (who	ere the decisions are			
to be	made at meetings o	of partners)						
Details	of indemnity claus	e, if any.						
	Face State Control of the Control of	voetno quv.						_
Detai	ls of agreement rela	ating to:						
		3.62						
(a) A	dmission of a new p	P. S. S.						
		partner						
	dmission of a new p	partner						
(b) R		partner ner						
(b) Re	etirement of a partressation of a partne	partner ner						
(b) Re	etirement of a partr	partner ner						
(b) Ro (c) Co (d) Ex	etirement of a partressation of a partne	partner ner sr						
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(b) Re (c) Co (d) Ex- (e) Re	etirement of a partre essation of a partne epulsion of a partne	partner ner er ner						
(b) Ro (c) Co (d) Ex (e) Ro L Clause	etirement of a partre essation of a partne epulsion of a partne esignation of a partr	partner ner r ner ner						
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(c	relating to rule 20 (1)	
(d	() relating to rule 24(18) (a)	
	ony other information or clause relating to the LLP Agreement not covered above optional)	
Info	rmation with regard to changes (addition, omission or alteration) in the LLP Agreemen	nt.
16 D	Pate 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 in the LLP agreement has been filed with the Registrar	ch notice of change/amendment
	Sr. No. SRN	
	Add row Delete row	
	Whether change in agreement is on account of	.55
		\$5 #
	Whether change in agreement is on account of	58
_ ·	Whether change in agreement is on account of Change in business activities	15
_ ·	Whether change in agreement is on account of Change in business activities Change in partner(s)	<u>155</u>
	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	.55
	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	
i i	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 Cify the other change to LLP agreements	
i i	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 Cify the other change to LLP agreements Mutual Rights and Duties of Partners	tners/consent of requisite number or
G (	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 Clify 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 par	
in i	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 Cify 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 par	
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	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 Cify 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 par percentage of partners Procedure for calling, holding and conducting meetings, (where the decisions are to be details of indemnity clause, if any	

		i.		
	Details of agreement relating to - Expulsion of a partne	r		
	Details of agreement relating to - Resignation of a part	ner		
	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)		20
	Any other information or clause relating to the LLP Agre	ement not covered ab	ove (optional)	
18 D	etails of change in business activity			
	Based on new/ changed business activities, search and so per NIC codes 2008)	elect industry sub class		[q.]
(as	per me codes 2000/			
(as	Primary		2.7.2	Delete
(as	90000 90000			Delete Delete
(as	90000 90000	100 N		- Contraction
	90000 90000			Delete
(b)	Primary			Delete
(b)	Primary  Description of industrial activities to be carried out by the			Delete
(b)	Primary  Description of industrial activities to be carried out by the Main industrial activity			Delete
(b)	Primary  Description of industrial activities to be carried out by the Main industrial activity  - NIC Code			Delete
(b)	Primary  Description of industrial activities to be carried out by the Main industrial activity  NIC Code  Description of NIC code			Delete
(b)	Primary  Description of industrial activities to be carried out by the Main industrial activity  NIC Code  Description of NIC code  Other industrial activity			Delete
(b)	Primary  Description of industrial activities to be carried out by the Main industrial activity  NIC Code  Description of NIC code  Other industrial activity  NIC Code			Delete

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

S. No.	DPIN/Inc ome-tax PAN/Pas sport number of the partner/ nominee	Details of DIN/Income tax PAN/Passpo rt number	Name of Partner	Name of Nominee in case of Body Corporate	Designation (Partner/Desi gnated Partner)	Form of contribution (Conversion/ Cash/ Other than cash)	Monetary value of contributi on	% of Profit sharing	Type of change (Addition/ Deletion/C hange/No Change)
					O Partner O Designated Partner				
					O Partner O Partner Partner				
					O Partner O 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)	- a
(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, (wher to be made at meetings of partners)	e the decisions are		
(e) Details of indemnity clause, if any			
(f) Details of agreement relating to - Admission of a new partner		E	
(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		C.	
(J) Details of agreement relating to - Resignation of a partner			
(k) Clause relating to resolution of disputes - Between the partner	5		
(I) 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)		516	
(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)	7	
(s) Any other information or clause relating to the LLP Agreement ( above (optional)	not covered		
ttachments			2
(a) Initial LLP Agreement	Wy An	Chease File	Remove Download
(b) Supplementary/ amended LLP agreement containing changes	60.03.500	Chaose File	Remove Download
(c) Optional attachment(s) - if any	/ARTHERS	Chaose File	Remove Download
tatement			
the designated partner of the LLP do state that			

in the same
Save

### LLP Form No.4

Form language

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

English

Hindi

partner [Pursuant to rule 8, 10(3), 22(2) and 22(3) of Limited Liability Partnership Rul सत्यमेष जपते	es, 2009]
Refer instruction kit for filling 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.	
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 O	No O
(h) Number of LLP(s) in which he/she is a partr	ner		
ij Number of company(s) in which he/she is a	50 10		
Details of bodies corporate and their nomine	es as designated partners for which t	his form is being filed	
a)The form is being filed for			
☐ Appointment ☐ Cessation	☐ Change in Designation	☐ Change in Nomine	e
Change in address of body corporate	Change in name of body cor	porate	
b) Date of Event (dd/mm/yyyy)			
c) Type of body corporate (LLP/Foreign LLP/Company/Foreign Company/LLP in outside India (CIO1))	corporated outside India (LION/ Company into	porated	
<ul> <li>d) Corporate identification number (CIN) or I number (FCRN) or Limited liability partner Foreign limited liability partnership identification number</li> </ul>	ship identification number (LLPIN) or		
e) Name of body corporate	17,410		
Proof of change in Name of body corporate	j	Choose File	Remove Downlos
f) Country where registered		<u>.</u>	
g) Full address of registered office or principal	al place of business in India		
Address Line I			
Address Line II			
Country			
Pin code		7.1	
Area/Locality			[
aty	(4)		
District			
State/UT		0.5	

Proof of change in	address of body cor	porate	THE PARE		Choose File	Remove
(h) Phone						
(i) E-mail ID						
(j) Previous name,	address of the body	corporate				
Name and particula	rs of the person sign	ing on behalf of the	body corporate a	s nominee		
(k) DPIN						
(I) Name					==	
(m) Whether resid	dent of India				O Yes	ONo
(n) Designation &	Authority in body co	rporate				
(o) Changed design	nation (Category)					
(p) DPIN/PAN/Pa	ssport number of the	e previous nominee				
(q) Name of the pr		th this form is being	filed			
190011111111111111111111111111111111111	l partner(s) for whic	th this form is being	filed			
5 Details of individua	I partner(s) for whic	th this form is being		Change in Nar	ne of Partne	f
5 Details of individua (a)The form is bein	I partner(s) for whic g filed for	2 9K 201 (P1 10		Change in Nar	ne of Partne	
5 Details of individua  (a)The form is bein  Appointmen  Change in de	I partner(s) for whic g filed for it signation	Cessation Change in address				r Ie the changes through
5 Details of individua  (a)The form is bein  Appointmen  Change in de	I partner(s) for whice g filed for the signation the signation then file	Cessation Change in address				
5 Details of individua  (a)The form is bein  Appointmen  Change in de  *In case user is having Form 4  (b)Date of Event (de	I partner(s) for whice filed for the signation the signation the signation then file d/mm/yyyy)	Cessation Change in address	s es in name/Addres	ss. For all othe		
5 Details of individual (a)The form is being Appointment Change in details assert is having Form 4 (b)Date of Event (details)	I partner(s) for whice filed for the signation the signation the signation then file d/mm/yyyy)	Cessation Change in address DIR-6 for any change	s es in name/Addres	ss. For all othe	r partners, fi	
5 Details of individual (a)The form is being Appointment Change in details *In case user is having Form 4 (b)Date of Event (details) (c) Oincome tax	I partner(s) for whice filed for the signation the signation the signature of the signature	Cessation Change in address DIR-6 for any change	s in name/Addres	os. For all othe	r partners, fi	
5 Details of individual  (a)The form is being Appointment Change in details and the second of Event (details and Event (details)  (b)Date of Event (details)  (c) Oincome tax O DPIN  (d)Income tax perm	I partner(s) for whice filed for the signation the signation the signature of the signature	Cessation Change in address DIR-6 for any change	s in name/Addres	os. For all othe	r partners, fi	
5 Details of individual  (a)The form is being Appointment Change in details and the second of Event (details and Event (details)  (b)Date of Event (details)  (c) Oincome tax O DPIN  (d)Income tax perm	I partner(s) for whice filed for the signation the signation the signation then file d/mm/yyyy) permanent account sament account sament account numbers.	Cessation Change in address DIR-6 for any change	s in name/Addres	os. For all othe	r partners, fi	le the changes through

Middle name		
Last name		
roof of change in Name of partner	(4) Wh	Chaose File Remove Download
(f) Father's Name		
First name		
Middle name		
Last name		
(g) Permanent Residential Address		
Address Line I	To a	
Address Line II		
Country		
Pin Code/Zip Code		
Area/Locality		
City		
District		
State/UT		
Jurisdiction of Police Station	St	
Proof of change in permanent residential address	10.7 × 1.6 P	Choose File   Hemove   Download
(h) Whether present residential address is same as the pe	ermanent residential addr	ress O Yes O No
(i) If no, present residential address		
Address Line I		
Address Line II		
Country		
Pin Code/Zip Code		
Area/Locality		
City		

	nge in Nominee	3 <del>101</del> 3.292999 5 <u>72.5</u>	ge in Designation	on me of body corp	oorate
rtails of bodies corporate as partners and their nomine	es for which this	orm is being f	led		
Number of company(s) in which he/she is a director					
Number of LLP(s) in which he/she is a partner					
) Changed designation (Category)					
(iii) If 'others' selected, please specify					
(Government/Teaching/Others)					[1
(Self Employed/ Professional/ Hamemaker/ Student/ Servicema	n)				
i)(i) Occupation type					
Date of Birth (dd/mm/yyyy)					
n) Whether resident in India			OYes	O No	Te-
m) Previous name/ previous address			eggeneral and	Name (Sec.)	
l) Email ID					
k) Mobile					
j) Phone		57			
eroor or change in present residential address	(Nax2)1	8	Choose File	Remove	ewricad
Jurisdiction of Police Station  Proof of change in present residential address	19				
Of the state and the way of the state of					10 <del>1</del>
State/uT					

(b) Date of Event (dd/mm/yyyy)	
(c) Type of body corporate	ted outside India (LIOI)/ Company incorporated outside India (CIOI/ Others)
(d) CIN or FCRN or LLPIN or FLLPIN or any other identi	
(e) Name of body corporate	
Proof of change in name of body corporate	Has I Mile Choose Ste Remove Dawnbad
(f) Country where registered	V
(g) Full address of registered office	
Address Line I	
Address Line II	
Country	V
Pin Code/Zip Code	
Area/Locality	F
City	
District	
State/UT	
Jurisdiction of Police Station	
Proof of change in address of body corporate	Landose 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
(I)* O Income tax permanent account number (Income	e-tax PAN) O Passport Number
O DPIN	
(m) Income tax permanent account number (income-tax or DPIN	PAN) or Passport Number
	Verify income tax PAN/ Pre. F. (

Files 1999   Dougland
Chaose-File Remove Download
e permanent residential address Yes No

City			
District			
State/UT			
Jurisdiction of Police Station			
Proof of change in address of Nominee	417-90	Choose File	Remove Download
(s) Phone			
(t) Mobile			
(u) Email ID		3 5 =	
(v) Previous name/ previous address		0	O.No.
(w) Whether resident in India		OYes	O No
(x) Nationality			▼
(y) Date of Birth (dd/mm/yyyy)		40.	
(z)(i) Occupation type  (Self Employed/ Professional/ Homemoker/ Student/ Selviceman)			(V
(z)(ii) Area of occupation			7
(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 nor	minee		
(ad) Name of the previous nominee			
tachments			
(a) Consent to become a partner/ designated partner	3- 61	Choose File	Hemove Download
(b) Related Entity Details	607-41	Choose File	Remove Download
c) Evidence of cessation	\$610E	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	36-77-32	Choose File	
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 pa on its behalf.			

(e) Optional attachment (if any)	4	Choose File Remove Download
Statement	Manifesta companya companya	
I, being a designated partner of the LLP, am aut		orm and its attachments is correct and complete nit this form
*To be digitally signed by a designated partner		DSC BOX
* DPIN of the Designated Partner		±1 ]
Certificate by practicing professional		
* It is hereby certified that I have verified the above partic	culars (including attachm	nent(s)) from the records of
and found them to	o be true and correct. I fi	urther certify that all the required
attachment(s) have been completely attached to this for	m.	
* Category		
Chartered accountant (in whole time practice)		
Ocost accountant (in whole time practice)		
Company secretary (in whole-time practice)		12
* Whether associate or fellow:		
O Associate O Fellow		
*Membership number or certificate of practice number		
*Signature Field 2	20	DSC BOX
		Save
For office use only:		<del>28</del>
eForm Service request number (SRN)		
eForm filing date (dd/mm/yyyy)		
This e-Form is hereby registered		
Digital signature of the authorizing officer		DSC BOX

Date of signing	(dd/mm/yyyy)		
Or			
* This eForm h correctness giv	as been taken on file maintained en by the filing LLP.	by the registrar through electronic mode as	nd on the basis of statement of
	20		
			ē
			Ø
	2		

## Notice for change of name

(c) Copy of the direction received from Central Government

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

Form language

English

Chaose File

Download

Resoove

Hindi

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 L	LP	O Yes	O No
(b) SRN of Form 3		1	
4 *Whether change in name is			
Based on the procedure laid down in the LLP agreement	☐ With cor	sent of all partners	
Based on the direction from Central Government	☐ Based or	n the direction from F	legistrar
(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	175	-28-17-12	
(a) Consent of Partners	Seavillation 1	Choose File	Remove Download
(b) Copy of the minutes of decision/ resolution/ consent of partners	94(1.7 KS)	Choose File	flemove Download

BOARDS AND THE AND SECURIOR SE	Constitution	Choose File Remove Download
(d) Copy of the direction received from Registrar	Title 4 Call	
(e) Optional attachment(s) - if any	A 1 69	Choose File Remove Downlos
Statement		
* To the best of my knowledge and belief, the information	n given in this application ar	nd its attachments is correct and complete
* ☐ I, being a designated partner of the LLP, am authorised	to sign and submit this form	n.
* To be digitally signed by a designated partner		DSC BOX
		Dic Box
* DIN/DPIN of the designated partner		
Certificate		
It is hereby certified that I have verified the above particular	s (including attachment(s)) I	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
		<b>的特别在40</b> 720万
Chartered Accountant (in whole-time practice)		
Cost Accountant (in whole-time practice)		
Company Secretary (in whole-time practice)		
* Whether associate or fellow:		
Associate O Fellow		
*Membership number or certificate of practice number		
The state of the s		
		Save
For office use only:		12
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)		

Form language

[Pursuant to rule 24 of Limited Liability Partnership Rules, 2009]	English	Hindi
सत्यमंद्र ज्ञात Refer instruction kit for filing the form		
All fields marked in * are mandatory		
an perus marked m - the indirectory		
Purpose		
1 *Statement of Account and Solvency or Charge O Statement of	of Account and Solvency O	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 Lia Partnership Identification Number (FLLPIN)	ability	
(b) Name of Limited Liability Partnership (LLP)/Foreign Limited Liability Partnersh	ip (FLLP)	
(c) Address of registered office of the LLP or principal place of business in India of	FLP	
(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 affair Limited Liability Partnership, and that, having done so, have formed the op 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 date before the making of this declaration.	(DD/MM/YYYY) being the	e latest practicable
(c)  We have already filed a statement indicating creation of charges or modific financial year.	cation or satisfaction thereof	till the present
(d) We declare that the turnover O does not exceed O exceeds 40 lakh ruj	pees.	
(e) $\square$ We declare that the obligation of contribution $\bigcirc$ does not exceed $\bigcirc$ exce	eeds 25 lakh rupees.	

thereunder.		Fat a State of Stability
We make this statement conscientiously believing it to be Partnership Act, 2008, the rules made thereunder.	e true, and by virtue of the provisi	ons of the Limited Liability
B: Statement of Account	₩.	
	)/MM/YYYY)	
Particulars	Figures as at the end of the current reporting period (in Rs.)	Figures as at the end of th previous reporting period (in Rs.)
(I) CONTRIBUTION AND LIABILITIES	1	
(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)		
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)		105

Contingent Liability details

	there are any contingent liab	755	O Yes O No Delete ro
(b)	(c)	, , , , , , , , , , , , , , , , , , , ,	[d)
S. No.	Description of contingen	e liabilito	Amount
	Description of contingen	Crabinay	Amount
	Income and Expenditure  f Income and Expenditure (in I	ds.)	
Particulars	PARTITION OF THE EAST PARTITION OF THE CONTRACT OF THE CONTRAC	Figures for the period (Current reporting period)	Figures for the period (Previous reporting period)
		To [DD/MM/Y	
Income			
Gross turnov	/er		
Less: Excise o	duty or service tax		
Net Turnove	2010/19/19/19/19/19/19/19/19/19/19/19/19/19/	ļ	
(I) Domestic	1023/07/11 (102)	1	*
A CONTRACTOR OF THE PARTY OF TH	goods manufactured		
-	goods traded		
	supply of services		
(II) Export tu	Carlot and the control of the contro		
The second second second	f goods manufactured	in the second	
11/0/0-0 11/0/10/0	f goods traded		
200000000000000000000000000000000000000	supply of services		
Other income			
ncrease/ (de	crease) in stocks (including rials, work in progress and		
otal Income	and a	V	
xpenses	GENERAL WAY OF THE		
law material			
	ade for re-sale		
onsumption lower and fu	of stores and spare parts		
ersonnel Exp			
Administrativ	CHINESON		
ayment to a			
elling expen			
nsurance exp			
THE RESERVE OF THE PARTY OF THE	and amortization		
nterest			

Other expenses

Particulars	Figures for the period (Current reporting period)	Figures for the period (Previous reporting period)
	From (DD/MM/YYYY)	From (DD/MM/YYYY)
	To [DD/MM/YYYY)	To [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		
tachments		
	_	Control Control
Optional attachment(s) - if any	HYSEL BID	Choose File Remove Download
gnature of Designated Partners of LLP or au oreign LLP	thorized representatives (AR) of a	DSC BOX
PIN/ Income -tax PAN		
gnature of Designated Partners of LLP or au oreign LLP	thorized representatives (AR) of a	DSC BOX
PIN/ Income -tax PAN		
gnature of Interim Resolution Professional quidator/LLP Administrator	(IRP)/Resolution Professional (RP)/	DSC BOX
articulars of the person signing and submitt	ing the form	
ame		
		( <b>v</b>
esignation quidator/Interim Resolution Professional (IRP)/ Resoluti P Administrator)	ion Professional (RP)	
quidator/Interim Resolution Professional (IRP)/ Resolut	Professional (IRP)/Resolution	
quidetor/Interim Resolution Professional (IRP)/ Resoluti P Administrator) come-tax PAN in case of Interim Resolution ofessional (RP)/Liquidator/LLP Administrato	Professional (IRP)/Resolution	O Auditor
quidotor/Interim Resolution Professional (IRP)/ Resoluti P Administrator) come-tax PAN in case of Interim Resolution rofessional (RP)/Liquidator/LLP Administrato	Professional (IRP)/Resolution  f  Authorized representative	
quidator/Interim Resolution Professional (IRP)/ Resolution PAdministrator)  come-tax PAN in case of Interim Resolution ofessional (RP)/Liquidator/LLP Administrator	Professional (IRP)/Resolution   Authorized representative articulars contained in the Statement of A	

	and found them to be true and fair.	
PIN/ Income-tax PAN/ Mer	mbership Number	
Name of the designated par	tner/ authorized representative/ auditor	
Address Line 1		
Address Line 2		
Country		V
in code/Zip Code		
rea/Locality		▼
ity		
istrict		
tate		
urisdiction of Police Station		
hone		
-mail ID		
o be digitally signed by		2
Pesignated Partner/ Authoriz	ed representative/ Auditor	DSC BCX

 $\langle (a) \rangle$ 

2 Particulars for creation or modification or satisfaction of charges	by an LLP			
LLP/ FLLP Details				
3 (a) Limited Liability Partnership identification Number (LLPIN) / Fo Partnership Identification Number (FLLPIN)	reign Limited Liability			
(b) Name of Limited Liability Partnership (LLP)/ Foreign Limited Liability Partnership (FLLP)				
(c) Address of registered office of the LLP or principal place of but	siness in India of FLLP			
(d) Jurisdiction of Police Station				
(e) Email ID				
Purpose				
4 (a) This form is for O Creation of charge O Modifie	ation 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 co	empany (ARC) or assignee O Yes O No			
(d) Whether charge holder is authorized to assign the charge as p	er the charge agreement O Yes O No			
(d) Whether charge holder is authorized to assign the charge as p	er the charge agreement O Yes O No			
	er the charge agreement O Yes O No			
Type of charge				
Type of charge  5 (a) Description of the property charged indicating whether it is a				
Type of charge  5 (a) Description of the property charged indicating whether it is a common of the property of any interest therein – Residential	charge on			
Type of charge  5 (a) Description of the property charged indicating whether it is a common limits of the property or any interest therein – Residential Immovable property or any interest therein - Others	charge on    Immovable property or any interest therein – Con			
Type of charge  5 (a) Description of the property charged indicating whether it is a common limits of the property of any interest therein — Residential limits of the property or any interest therein — Others  Movable property - Inventory	charge on  Immovable property or any interest therein – Con  Movable property - Equipment and Machinery			
Type of charge  5 (a) Description of the property charged indicating whether it is a common limits of the property of any interest therein – Residential Immovable property or any interest therein - Others  Movable property - Inventory  Movable property - Motor Vehicle (Hypothecation)	charge on  Immovable property or any interest therein – Con  Movable property – Equipment and Machinery  Movable property – Inventory (incl. Receivables)			
Type of charge  5 (a) Description of the property charged indicating whether it is a common of the property charged indicating whether it is a common of the property or any interest therein – Residential Immovable property or any interest therein - Others  Movable property - Inventory  Movable property - Motor Vehicle (Hypothecation)	charge on  Immovable property or any interest therein – Con  Movable property - Equipment and Machinery  Movable property - Inventory (incl. Receivables)  Movable property - Ship or any share in a ship			
Type of charge  5 (a) Description of the property charged indicating whether it is a common limits of the property of any interest therein – Residential Immovable property or any interest therein - Others  Movable property - Inventory  Movable property - Motor Vehicle (Hypothecation)  Movable property - Others  Intangibles – Trademarks	charge on  Immovable property or any interest therein – Con  Movable property – Equipment and Machinery  Movable property – Inventory (incl. Receivables)  Movable property – Ship or any share in a ship  Intangible – Goodwill			
Type of charge  5 (a) Description of the property charged indicating whether it is a common of the property charged indicating whether it is a common of the property or any interest therein – Residential Immovable property or any interest therein – Others  Movable property - Inventory  Movable property - Motor Vehicle (Hypothecation)  Movable property - Others  Intangibles – Trademarks	charge on  Immovable property or any interest therein – Con  Movable property - Equipment and Machinery  Movable property - Inventory (incl. Receivables)  Movable property - Ship or any share in a ship  Intangible - Goodwill  Intangible – Patent			
(d) Whether charge holder is authorized to assign the charge as p  Type of charge  5 (a) Description of the property charged indicating whether it is a common limits of the property or any interest therein – Residential limits in the property or any interest therein – Others  Movable property - Inventory  Movable property - Motor Vehicle (Hypothecation)  Movable property - Others  Intangibles – Trademarks  Intangible - License  Intangible - Copyright  Intangible - Designs	charge on  Immovable property or any interest therein – Con Movable property – Equipment and Machinery Movable property – Inventory (Incl. Receivables)  Movable property – Ship or any share in a ship Intangible – Goodwill Intangible – Patent Intangible – License under a Patent			
Type of charge  5 (a) Description of the property charged indicating whether it is a common state of the property of any interest therein – Residential Immovable property or any interest therein - Others  Immovable property - Inventory  Movable property - Motor Vehicle (Hypothecation)  Movable property - Others  Intangibles – Trademarks  Intangible - License  Intangible - Copyright	charge on  Immovable property or any interest therein – Con Movable property – Equipment and Machinery Movable property – Inventory (incl. Receivables) Movable property – Ship or any share in a ship Intangible – Goodwill Intangible – Patent Intangible – License under a Patent Intangible – Copyright under a Patent			

MEEER	please specify			- 7	
etails of cha	orge holder				
(a) Whether	r consortium finance is involve	ed	0	Yes	O No
(b) Please pr	rovide Lead Banker's Name				
(c) Whether	joint charge is involved		0	Yes	O No
(a) Number	of charge holders				
(b) Whether	Charges rank pari passu		.0	Yes	O No
(c) List of the	e Charge holders		Do	wnload	Excel Import
(d) Rank	(e) Name of the Charge holder	(f) Particulars of the property charged	(g) Details of their extent the charge (in %)	t on	(h) Maximum amount secured (in INR)
1					
a) Category (Notionalize company/C	of charge holders  d bank/Scheduled bank/Private sector o-operative bank/Foreign Bank/Indivi please specify	nr benk/Finencial institution/Non-banking idual/Others)	financial		<b>\</b>
a) Category (Notionalize company/C b) If others, c) Name of t	d bank/Scheduled bank/Private secto a-operative bank/Foreign Bank/Indivi please specify he charge holder	idual/Others)	financial		\ <b>Y</b>
a) Category (Notionalize company/C b) If others, c) Name of t	d bank/Scheduled bank/Private secto a operative bank/Foreign Bank/Indivi please specify	idual/Others)	financial		
a) Category (Notionalize company/G b) If others, c) Name of t d) CIN in cas	d bank/Scheduled bank/Private secto a-operative bank/Foreign Bank/Indivi please specify he charge holder	idual/Others)	financial		
a) Category (Notionalize company/C b) If others, c) Name of t d) CIN in cas e) Name	d bank/Scheduled bank/Private secto o-operative bank/Foreign Bank/Indivi please specify he charge holder e charge holder or ARC or ass	idual/Others)	financial		
a) Category (Notionalize compony/Co b) If others, c) Name of t d) CIN in cas e) Name	d bonk/Scheduled bank/Private secto o-operative bank/Foreign Bank/Indivi please specify he charge holder e charge holder or ARC or ass	idual/Others)	financial		
a) Category (Notionalize company/C b) If others, c) Name of t d) CIN in cas e) Name F) Address Address Lie	d bonk/Scheduled bank/Private secto o-operative bank/Foreign Bank/Indivi please specify he charge holder e charge holder or ARC or ass	idual/Others)	financia)		
a) Category (Notionalize compony/Co b) If others, c) Name of t d) CIN in cas e) Name f) Address Address Lin	d bank/Scheduled bank/Private sector-operative bank/Foreign Bank/Indivi please specify he charge holder e charge holder or ARC or ass	idual/Others)	financial		<b>V</b>
a) Category (Notionalize compony/O b) If others, c) Name of t d) CIN in cas e) Name Address Address Li Address Li Country Pin code/Z Area/Local	d bank/Scheduled bank/Private sector-operative bank/Foreign Bank/Individual please specify the charge holder the charge holder or ARC or ass the charge holder or ARC or ass	idual/Others)	financial		<b>V</b>
a) Category (Notionalize compony/Co b) If others, c) Name of t d) CIN in cas e) Name F) Address Address Li Address Li Country Pin code/Z Area/Local City	d bank/Scheduled bank/Private sector-operative bank/Foreign Bank/Individual please specify the charge holder the charge holder or ARC or ass the charge holder or ARC or ass	idual/Others)	financial:		[V
a) Category (Notionalize compony/O b) If others, c) Name of t d) CIN in cas e) Name Address Address Li Address Li Country Pin code/Z Area/Local	d bank/Scheduled bank/Private sector-operative bank/Foreign Bank/Individual please specify the charge holder the charge holder or ARC or ass the charge holder or ARC or ass	idual/Others)	financial		[V

Jurisdiction of Police Station		
(g) E-mail ID		
(h) Whether charge holder is having a valid Income Tax PAN	O Yes	O No
(i) Income Tax- Permanent Account Number (PAN)		- 7
(j) BSR Code / Branch Code		
Details of charge		
Nature or description of instrument(s) creating or modifying the charge		
(0 (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	O Yes	O 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 cl	narge	
<ul> <li>(a) Date of Creating Security Interest by actual/constructive deposit of title deeds within bank/ housing finance company (DD/MM/YYYY)</li> </ul>		
(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		

n) c)	stent and operation of the			
(k) C	thers			
sset C	etails			
	se of acquisition of proper aired	rty, subject to charge, furnis	h the following details relating	to existing charge on the property
(a) D	ate of instrument creating	or evidencing the charge (D	D/MM/YYYY]	
(b) D	escription of the instrume	nt creating or evidencing the	e charge	
(c) D	ate of acquisition of the pr	operty (DD/MM/YYYY)		
(d) C	harge ID			
(e) A	mount of the charge (in IN	R)		
(f) Pa	rticulars of the property c	harged		
15	(a) Short particulars of th property)	e property or asset(s) charg	ed (including complete addre	ss and location of the
15	property) (b) Plot/Dwelling Interes	18 M 20 1722 13	ed (including complete addre	O Dwelling interest
15	(b) Plot /Dwelling Interes		O Plot	O Dwelling interest
15	property) (b) Plot/Dwelling Interes	18 M 20 1722 13	32 32 3	
15	(b) Plot /Dwelling Interes (i) Details of Plot Unit Evaluated Price of Asset as on Security Interest Creation date		O Plot	O Dwelling interest
15	(b) Plot /Dwelling Interes (i) Details of Plot Unit  Evaluated Price of Asset as on Security Interest Creation date (in INR)  Street Number &	t Nature of Property	O Plot PLOT ID Number	O Dwelling interest  Survey No. /GAT No. etc.*

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)
representation in various st	ates ar union territories can b		
representation in various st (All the fields should be cap	ates or union territories can b tured as appearing in the reve	umber, Mouza number, Phase number	or any other such similar  al Office/Municipal Corporation /
representation in various st  (All the fields should be cap  Grampanchayat are to be s  /hether any of the proper in the name of the LLP	ates or union territories can be tured as appearing in the rew pecified and also the area of t  ty or interest therein under	umber, Mouza number, Phase number e captured in this field. enue record, flat no, house no, Municip the immovable property as well as bour r reference is not registered	or any other such similar  al Office/Municipal Corporation /
representation in various st  (All the fields should be cap Grampanchayat are to be s  Whether any of the proper in the name of the LLP  DIN / LLPIN / FLLPIN of the interest therein is registere	ates or union territories can be tured as appearing in the rew pecified and also the area of to ty or interest therein unde company/ LLP/ FLLP in wh	umber, Mouza number, Phase number e captured in this field. enue record, flat no, house no, Municipi the immovable property as well as bour r reference is not registered ose name property or	or any other such similar  al Office/Municipal Corporation /
representation in various st  (All the fields should be cap  Grampanchayat are to be s  Whether any of the proper  the name of the LLP  IN / LLPIN / FLLPIN of the  nterest therein is registere  AN of the Individual in wh	ates or union territories can be tured as appearing in the rew pecified and also the area of t ty or interest therein under company/ LLP/ FLLP in whi ed (if applicable) ose name property or inte	umber, Mouza number, Phase number e captured in this field. enue record, flat no, house no, Municipi the immovable property as well as bour r reference is not registered ose name property or	or any other such similar  al Office/Municipal Corporation /
representation in various st  (All the fields should be cap  Grampanchayat are to be s  Whether any of the proper  the name of the LLP  IN / LLPIN / FLLPIN of the  nterest therein is registered  AN of the Individual in whit applicable)  If yes, in whose name it is a	ates or union territories can be tured as appearing in the rew pecified and also the area of the ty or interest therein under company/ LLP/ FLLP in wheel (if applicable) cose name property or interegistered	umber, Mouza number, Phase number e captured in this field. enue record, flat no, house no, Municipi the immovable property as well as bour r reference is not registered ose name property or	or any other such similar  al Office/Municipal Corporation / adarles)

18 Particulars of present modification			
Attachments	Di		
19 (a) Instrument of creation or modification	Cars. At s	Choose File	Remove Download
(b) Instrument evidencing creation or modification of charge in case of acquisition of property which is already subject to charge	No sta	Choose File	Hemove Download
(c) Letter of charge holder stating that the amount has been satisfied	social valu	Choose File	Remove Download
(d) Optional attachment(s) - If any	Mozhini	Choose File	Remove Download
o be digitally signed by			
resignated partner or Authorized representative		DSC BOX	G 3 6 7 7
PIN / Income-tax PAN			
erification			
we confirm that the attached charge instrument(s) or documen with the charge holder and all the information and particulars me prrectly stated.			
we confirm that the attached charge instrument(s) or documen ith the charge holder and all the information and particulars me prrectly stated. we am/ are duly authorized to sign this form.			
we confirm that the attached charge instrument(s) or document ith the charge holder and all the information and particulars me orrectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by			
we confirm that the attached charge instrument(s) or documen ith the charge holder and all the information and particulars me prrectly stated. we am/ are duly authorized to sign this form. to be digitally signed by esignation			
we confirm that the attached charge instrument(s) or document ith the charge holder and all the information and particulars me orrectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by esignation  harge holder		e derived there from	
we confirm that the attached charge instrument(s) or document ith the charge holder and all the information and particulars me orrectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by esignation harge holder		e derived there from	
we confirm that the attached charge instrument(s) or document ith the charge holder and all the information and particulars me orrectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by esignation harge holder  be digitally signed by esignation		e derived there from	
we confirm that the attached charge instrument(s) or document ith the charge holder and all the information and particulars me prectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by esignation harge holder  be digitally signed by esignation  Cor assignee		e derived there from	
verification  we confirm that the attached charge instrument(s) or document in the charge holder and all the information and particulars me orrectly stated.  we am/ are duly authorized to sign this form.  be digitally signed by esignation  harge holder  be digitally signed by esignation  RC or assignee  ertificate  It is hereby certified that I have verified the above particulars (in	ntioned above are	osc Box	n are concisely and

* Category					
Chartered Accountant in whole time	practice				
Company Secretary in whole time pr	actice				
Cost Accountant in whole time pract	ice)		DSC BOX		
* Whether					
Associate Fellow					
*Membership number or Certificate of p	ractice number				
			(sa	see Submit	
This eForm has been taken on file maint correctness given by the filing LLP	ained by the registrar	through electronic mod	le and on the basis of	statement of	_
For office use only:					
eForm Service request number (SRN)					
eForm filing date (DD/MM/YYYY)					
				85	
				22	
i# =		5		딍	

Form language

Consent by Designated Partners	English	Hindi
[Pursuant to Section 7(3) to the Limited Liability Partnership Act, 2008 and the Limited Liability Partnership Rules, 2009]	d Rule 7 of	
Refer instruction kit for filing the form		
Il fields marked in * are mandatory		
(a) *Name of LLP		
(b) *Address of the registered office of LLP		
nis declaration is in respect of		
*Total number of designated partners having valid DIN/ DPIN		
(a) *Individuals		225
(b) *Nominees of Body Corporate		
onsent to act as Designated Partner	-	
I hereby give my consent to act as designated partner of the aforementioned LLP purs	suant to section 7(3) of the	e Act
Particulars	-	
*Designated Partner Identification Number	W. C.	
*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 deben disqualified to act as a designated partner.	designated partner and I h	ave not
*To be digitally signed by	DSC BOX	- W
	Save	Submit

Annual Return of Limited Liability Partnership (LLP)

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

Form language

English

Hindi

Referinstruction kit for filing the form

Refer instruction kit for filing the form  All fields marked * are mandatory	
LLP details	191
1 (a) *Financial year (From date) (DD/MM/YYYY)	
(b) *Financial year (To date) (DD/MM/YYYY)	
*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	
*Business Classification (Business/ Profession/Service/Occupation/Others)	V
*Principal business activities of the LLP	
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.)	

(a) *Designation		
	Identification number (DPIN)/ Income tax p x PAN)/ Passport number	permanent account
c) *Name		
d) *Date of Appointmen	nt (DD/MM/YYYY)	
e) Date of Cessation (DI	3/MM/YYYY)	
f) Date of change in des	ignation (DD/MM/YYYY)	
g) Previous Designation		
h) Previous Name, if any	r.	
) *Obligation of contrib	ution	
) Contribution received	and accounted for	
c) Whether resident in I	ndia	O Yes O No
Number of limited liab	oility partnership(s) in which he/she is a par	tner
	(s) in which he/she is a director	
	/ LLP(s) in which partner/ designated partn	ner is a director/ partner
0)	(p)	(q)
5. no.	CIN/LLPIN	Name of Company/ LLP

Đ,

Corporate details	#200000	
ails of bodies corporate as par	rtners	
a) *Type of body corporate		
(FCRN) or Limited liability (	er (CIN) or Foreign company registratio partnership identification number (LLP p identification number (FLLPIN) or an	IN) or Foreign
:) *Name of the body corpora	te	
d) *Full address of the registe	red office or principal place of busines	s in India
e) *Country where registered		
f) *Obligation of contribution		
g) Contribution received and a	accounted for	•
h) Name and particulars of pe	rson signing on behalf of body corpora	ate as nominee
)*Name		
) *DPIN/ Income-tax PAN/ Pa	ssport number	
k) *Designation		
) *Date of Appointment (DD/	MM/YYYY3	
m) Date of Cessation (DD/MIV	1/1111)	62
n) Date of change in designati	on (DD/MM/YYYY)	
o) Previous Designation		
p) Previous Name, if any		
q) Whether resident in India		O Yes O No
r) Number of limited liability p	partnership(s) in which he/she is a par	tner
s) Number of company(s) in w	hich he/she is a director	
t) Details of company(s)/ LLP(:	s) in which partner/ designated partne	er is a director/ partner
(u)	(v)	(w)
Luj	CIN/LLPIN	Name of Company/ LLP

Category	Nur	nber of	Number of Design	ated Partn	ers	Total
	1 00 900		Resident in India	Others		Total
(a) Individuals		Constant Con	200000000000000000000000000000000000000	1		
(b) LLPs						
(c) Companies						
(d) Foreign LLPs						
(e) Foreign compar						
(f) LLPs incorporate India						
(g) Companies inco outside India/ C registered in Sik	ompanies					
Total		7 7		Y		
7						
(a) Number of ro	ows required					
ь)	ows required	(c)			(d)	
ь)	ows required	(c) Offence			(d) Penalty Imp	osed
(a) Number of ro b) Section Number	ows required				in the same of the	osed
b) Section Number	aated partners				in the same of the	osed
b) Section Number ii) Partners / Design (a) Number of ro	nated partners ws required	Offence	(e)		Penalty Imp	osed
b) Section Number ii) Partners / Design	aated partners			(0)	Penalty Imp	
b) Section Number ii) Partners / Design (a) Number of row	nated partners ws required (c)	Offence (d)	Section Number		Penalty Imp	y Imposed
b) Section Number  ii) Partners / Design  (a) Number of roo  b) PIN/ Income tax  AN/ passport	nated partners ws required (c) Name of Partner /Designated	(d) Name of Nominee in case of body	Section Number	(0)	Penalty Imp	
b) Section Number  ii) Partners / Design  (a) Number of roo  b) PIN/ Income tax  AN/ passport	(c) Name of Partner /Designated Partner	(d) Name of Nominee in case of body	Section Number	(0)	Penalty Imp	

(b)	(c)		(d) Date of compoun	ding of offence
Section Number	Offence		(DD/MM/YYYY)	W
2 *Whether turnover of the LLP ex	ceeds 5 crores		OYes	○ No
attachments				
3 Optional attachment(s) - if any		111111	Chaese File	Remove Download
erification				
*To the best of my knowledge a	nd belief, the information	n given in this form and	its attachment is corre	ct and complete.
To be digitally signed by			DSC BOX	
articulars of the person signing an	d submitting the form			
Name				
Designation				
Designated Partner/Liquidator/ Interim Res resolution Professional (RPVLLP Administra				
DPIN of the designated partner/ in Professional (IRP)/Resolution Profe	ncome-tax PAN in case of ssional (RP)/Liquidator/L	fInterim Resolution LP Administrator		
Certificate				
I certify that Annual Return cor	ntains true and correct in	formation.		
To be digitally signed by Designate	ed Partner		DSC BOX	
DPIN of the designated partner			);	
	OR			
☐ It is hereby certified that I have	e verified the above part	iculars (including attacl	hment(s)) from the reco	ords of
	and found them to be	e true and correct. I fur	ther certify that all the	required
attachment(s) have been complete	ely attached to this form.			
			DSC BOX	Canal
Company Secretary in practice				
Company Secretary in practice  Certificate of Practice number				
ROSSO VIII MVV. VVV				

			Save	Submit	
his eForm has been taken on file maintained by the r atement of correctness given by the filing LLP.	egistrar of companies t	hrough electron	ic mode and o	on the basis of	
or office use only:					
orm Service request number (SRN)					
orm filing date (DD/MM/YYYY)					
a = 0					
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34					
		***			S

Form language

English Hindi

# Form for intimating other address for service of documents

Pursuant to rule 16(3) of Limited Liability Partnership Koles, 200	991
सत्यमेव जयत	
Refer instruction kit for filing 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	
address, other than the address of its registered office, for serving a doc (b)* Other Address	ument on it or its partner or designated partner:
* Line I	
Line II	
*Country	Y
*Pin code/Zip Code	
*Area/Locality	V
*City	
*District	
*State/ UT	
*Latitude	8
*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	ey.	O With consent of	of all parts	ners
Clause reference number of the LLP agreement				
Relevant extract of the LLP agreement				
*Date on which consent of all the partners was taken under sur (dd/mm/yyyy)	b-rule (2) of Rule 16			
Attachments				
(a) Copy of the minutes of decision/resolution/consent of requisite partners	May 2.5/8	Choose (ii)	Remove	Download
(b) *Copy of the minutes of consent of all partners	Neo 2786	- Doose File	Remove	Downland
(c) *Proof of office address along with NOC, if applicable (Conveyance/Lease deed/ Rent Agreement etc. along with the rent	Max 2.500	Choose file	Remove	Dawread
receipts) (d) Optional attachment(s) - if any	555+ 2 5/80	Chause File	Remove	Covilland
		*		
Verification				
<ul> <li>To the best of my knowledge and belief, the information give</li> </ul>	n in this form and it	s attachments is correc	t and con	nplete.
I, being a designated partner of the LLP, am authorized to sign	n and submit this for	om.		
* To be digitally signed by a designated partner		DSC BOX		
* DPIN of the designated partner		K SOME AND ADDRESS OF THE PARTY		
Certification by practicing professional				
*It is hereby certified that I have verified the above particulars [inc and found them to be true and correct. I further certify that all th form.	luding attachment(s e required attachme	)] from the record of ent(s) have been comp	etely atta	iched to this
* To be digitally signed by		DSC BOX		
*Category				

Chartered accountant (in whole-time practice) or	
Cost accountant (in whole-time practice) or	(4)
Company secretary (in whole-time practice)	73. AV
* 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 correctness given by the filing LLP.	electronic mode and on the basis of statement of

Form language

TIVITY	Notice for change of place of registered office	English	Hindi
	[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009	18	
सत्यमेव जपते		00	
Refer instru	uction kit for filing the form		
All fields me	arked * are mandatory.		
1. LLP Infor	rmation		
(a) *Limit	ted Liability Partnership Identification number (LLPIN)		
(b) *Nam	e of the Limited Liability Partnership (LLP)		
(c) *Prese	ent address of the registered office of the LLP		
(d) *E-ma	ill ID		
(e) *Juriso	diction of Police Station		
2. *Purpose	es es		
0	of address of registered office within the same city / town / village (P1)		
within th	of address of the registered office outside the limit of the city / town / villag ne same Registrar and State (P2) of address of registered office resulting in change in Registrar within the sam	ne State (P3)	e is situated but
) Change o	of address of registered office resulting in change in State within the jurisdic	ction of same Registrar (P4)	
Change o	of address of registered office resulting in change in State outside the jurisd	iction of existing Registrar (i	P5)
3. New addr	ess of registered office of the LLP		
*Address l	Line 1		
Address L	Line 2		
*Country			(v)
*Pin Code/	/Zip Code	1	
*Area/Loca	ality		<b>₩</b>
*City			
*District			

***						
51	ate					
*Lo	ngitude					
*La	titude					
*Ju	risdiction of	f Police Station				
Nar	ne of office	of new Registrar				Ţ.
	details Vhether an	y prosecution is pending	against the LLP		O Yes	O No
(b) I	Yes, provid	de brief details of prosec	ution			
	(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
						-
0.77			U			
				Ace Roy	v Delete Row	
a) V b) if	Central Gov Yes, provide	11 MOST 10 10 PM DESCRIPTION OF THE PROPERTY OF	refore the Adjudicating offi n of delay, adjudication, ar	cers,	O Yes	ONo
a) V b) If	Central Gov Yes, provide ails of publi	ernment for condonatio e brief details	n of delay, adjudication, ar	cers,	O Yes	ONo
a) V b) If Det	Central Gov Yes, provide ails of publicate te of publicate	ernment for condonatio e brief details ication of advertisemen	n of delay, adjudication, ar t n English (dd/mm/yyyy)	cers,	O Yes	ONo
a) V b) if Det ) Da	Central Gov Yes, provide ails of public te of publica me of the n	ernment for condonation e brief details ication of advertisement ation of advertisement in ewspaper in which adve	n of delay, adjudication, ar t n English (dd/mm/yyyy)	cers, nd compounding	O Yes	ONO
a) W b) If Det ) Da ) Na	Central Gov Yes, provide ails of publicate of publicate me of the nate of publicate	ernment for condonation e brief details ication of advertisement ation of advertisement in ewspaper in which adve	n of delay, adjudication, ar t n English (dd/mm/yyyy) rtisement is published n vernacular language (dd/	cers, nd compounding	O Yes	ONO
a) V b) if Det ) Da ) Na ) Na	Yes, provide Yes, provide ails of publica te of publica me of the nate of the nate	ernment for condonation e brief details ication of advertisement in ewspaper in which advertisement in ewspaper in which advertisement in	n of delay, adjudication, ar t n English (dd/mm/yyyy) rtisement is published n vernacular language (dd/	cers, nd compounding	O Yes	ONO
b) If Det ) Da ) Na ) Da Bric	Central Gov Yes, provide ails of publica te of publica me of the nate of publica me of the nate of	ernment for condonation e brief details ication of advertisement in ewspaper in which advertisement in ewspaper in which advertisement in	n of delay, adjudication, ar t n English (dd/mm/yyyy) rtisement is published n vernacular language (dd/ rtisement is published	cers, nd compounding	O Yes	ONO
(a) V (b) If Det Det ) Da ) Da ) Da	Central Gov Yes, provide ails of publica te of publica me of the nate of the nate of the nate of the n	ernment for condonation e brief details ication of advertisement in ewspaper in which advertisement in	n of delay, adjudication, ar t n English (dd/mm/yyyy) rtisement is published n vernacular language (dd/ rtisement is published esponse to advertisement	cers, nd compounding mm/yyyy)	O Yes	

(d) Relevant extract of LLP agreement			
0.Creditors consent			
(a) Whether consent of the secured creditors have been obtained	?	O Yes	O Not applicable
(b) Date on which consent has been taken (dd/mm/yvyy)			
ttachments	974	10 (6	
(a) * Proof of Registered Office address (Conveyance/Lease deed/ Rent Agreement etc. along with the rent receipts)	Life is self	Choose File	Remove Download
(b) Copy of the minutes of decision/ resolution/ consent of partners	94. 25.	Choose File	Remove Download
(c) Copy of consent of all partners	SALE FLEE	Choose File	Remove Download
(d) Copies of public notice, if applicable.	1110 a 430	Choose File	Remove
(e) Optional attachment(s)- if any	2507 1509	Choose File	Remove Download
		e attachmente is corre	ect and complete
erification  To the best of my knowledge and belief, the information given i	n this form and it	s attachments is con	ect and complete
To the best of my knowledge and belief, the information given i			ect and complete
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To the best of my knowledge and belief, the information given i  I further declare that all the objections received have been men  I, being a designated partner of the LLP, am authorized to sign a	tioned in the for	m	
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To the best of my knowledge and belief, the information given i  I further declare that all the objections received have been men  I, being a designated partner of the LLP, am authorized to sign a  To be digitally signed by  * Designated Partner  * Designated Partner Identification Number  (DPIN)	cluding attachme	orm to the best of my  DSC BOX  Int(s)) from the recor	knowledge and belief,
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Company secretary (in whole-time pr	actice)	
* Whether associate or fellow:		
Associate	O Fellow	
*Membership number or certificate of pra	ictice number	
		Save Submits
For office use only:		
eForm Service request number (SRN)		
eForm filing date(dd/mm/yyyy)		
Digital signature of the authorizing office	ri .	
This e-form is hereby registered		DSC BOX
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Date of signing(dd/mm/yyyy)		
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## MINISTRY OF CORPORATE AFFAIRS

### Central Registration Centre

Form 15

[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>.

<Pocument Signer>
<Full name of the Authorising officer approving the work-item>
<Assistant Registrar of Companies/ Deputy Registrar of Companies/ Registrar of Companies</p>
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 <a href="https://www.mca.gov.in">www.mca.gov.in</a>

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

Form language

English

Hindi

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

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

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	<b>V</b>
*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.	O Yes O No

If yes, date of registration (DD/MM/YYY	Λ()	9	
Registration number			
(e) (ii) If no, whether the firm is registered u	nder any other law	O Yes	O 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 wa	s 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.	OYes	○ No
Carterior State of Carterior Carteri			
If Yes, indicate the financial year end dat (DD/MM/YYYY)  Details of the conversion  (a)* All the partners of firm have given the	eir consent for conversion of the firm into the		
(DD/MM/YYYY)  Details of the conversion	eir consent for conversion of the firm into the partnership comprise all the partners of the e firm is pending in any Court or		
(DD/MM/YYYY)  Details of the conversion  a)* All the partners of firm have given the b)* All the partners of the limited liability c) *Whether any proceeding by or against the Tribunal or any other Authority.  If yes, particulars of such proceedings in the second content of the partners of the second content of the second cont	eir consent for conversion of the firm into the partnership comprise all the partners of the e firm is pending in any Court or	firm and no one else	
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Section and the title of relevant Act	Particulars	Name	of Court/ Tribu	nal/ Authority
Section and the title of relevant Act	rafuculais	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	100		925/2007	
) *Whether there are any secured creditor			○ Yes	O No
Consent of all the secured creditors	for conversion of the firm i	nto limited liability p	artnership has b	een obtained.
<ul> <li>*Whether any clearance, approval or pe any other body/authority.</li> </ul>	rmission for conversion of !	he firm into limited	liability partnersh Yes	nip is required from No
If Yes, provide details of the concerned	body/authority or authorit	les whose approval	has been obtaine	d.
Number of authorities whose approval	has been obtained			
Name of Authority	Date of approval	(DD/MM/YYYY)	Order numb	per
			_	0
h) *Whether the firm is engaged in carryin	g out any financial activity.		O Yes	O No
	g out any financial activity.		O Yes	O No
h) *Whether the firm is engaged in carrying i) *Total Assets of the entity j) *Total financial Assets of the entity	g out any financial activity.		O Yes	O No
i) *Total Assets of the entity	g out any financial activity.		O Yes	O No
i) *Total Assets of the entity j) *Total financial Assets of the entity k) *Total revenue of the entity			O Yes	O No
i) *Total Assets of the entity j) *Total financial Assets of the entity			O Yes	O No
i) *Total Assets of the entity j) *Total financial Assets of the entity k) *Total revenue of the entity			O Yes	O No
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*Total Assets of the entity  *Total financial Assets of the entity  *Total revenue of the entity  *Total revenue of the entity  *Total revenue of the entity from financial  achments  a) *Statement of Assets and Liabilities of the true and correct by the Chartered Acces  b) *Copy of acknowledgement of latest incomparison  c) List of secured creditors along with the conversion	he firm duly certified as countant in practice come tax return	Note 1 to be	Choose File	Remove Dewnloo
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 from the entity from the e	he firm duly certified as countant in practice come tax return	Alexander of the second	Choose File Choose File	Remove Downlo

l, partner of*		registered und	der the Indian Partnership Act, 1	1932 or under*
	at*	Ti di	in the State/UT of*	
on*		(DD/MM/YYYY) registr	ation number*	
and also named in the	incorporation doc	ument of*	as a pa	rtner or designated
oartner give my conse oartnership.	nt for the conversion.	on of the said firm M/s*		into the limited liability
			ith the limited liability partnersh ersion or which arose from any o	
¹□ I further state as	under:			
			ip Act, 2008 and the rules made partnership and matters preced	
(ii) that all the pa	rtners of the limite	d liability partnership con	oprise all the partners of the firm	m and no one else;
	cable clearances, a hority have been o	505(2)0-000 115	or conversion of the firm into a	limited liability partnership from
any body/ aut	norty nave been o	braines,		
5-0000000000000000000000000000000000000	ent of all the secure	20301007	n of the firm into limited liabilit	y partnership has
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Associate O	Fellow					
Membership No.						
*Certificate of Practice number						
*To be digitally signed by					DSC BOX	
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Digital signature of the author	izing officer					
This eForm is hereby approved					DSC BOX	
This eForm is hereby rejected					DSC BOX	<b>强制</b> 原
Date of signing (DD/MM/YYYY)						
		02				
			(2)	81		

Form language

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

English

Hindi

[Purs	c company into limited liability partnership (LLP) uant to paragraphs 2 and 3 of Third Schedule, paragraphs 2,3 and 4 of Fourth Jule of the Act and rule 39(1) and 40(1) of Limited Liability Partnership Rules, 20	009]		
सत्यमेश अयते				
Refer instruction kit	for filing the form			
All fields marked in	* are mandatory			
Part A: Application				
1 *Name of the pro	posed LLP			
2 Details of the Con	npany			
(a) *CIN				
(b) *Name of the	Company			
(c) *Date of incorp	poration			
(d) *Name of offic	te of Registrar of Companies			
(e) *Address of th	e registered office of the company			
(f) *e-mail ID of th	ne company			
	o date Income-tax return is filed ome-tax Act, 1961.	0	Yes	O No
If Yes, indicate (DD/MM/YYY	the financial year end date up to which such return is filed  Y)			
(h) *Total number	of shareholders			[1]
Details of Convers	ion			
(a) *Total number	of partners in the LLP			
(b) *☐ All the sha liability par	reholders of the company have given their consent for conversion of the comp tnership.	oany in	to the li	mited
(c) * All the part	tners of the limited liability partnership comprise all the shareholders of the co	mpan	y and no	one else.
(d) *Whether any	security interest in the assets of the company is subsisting or in force.	0	Yes	O No
	prosecution initiated against or show cause notice received by the company ences under the Companies Act, 2013.	0	Yes	O No

Number of cases					
Date of issue of show on otice (DD/MM/YYYY)	ause Section of the	Companies Act under		y sent or under e	examination
nodce (DD/MM/TTTT)	which action o	by concerne	ra riacitority)		
	)		-		
Whether any proceeding to any other Authority.  Yes, details thereof in fo		ny is pending in any Court o	or Tribunal	O Yes	O No
lumber of proceeding	5				
Name of Court/Tribunal	/ Authority	Particulars of su	ch proceedings		
Whether any earlier appli partnership was refused i		the said company into lim	ited liability	○ Yes	O No
If yes, give SRN of earlier	LLP Form 18				
Reasons for refusal of ear	lier Form 18				
Whether any conviction, rauthority in favor of or ag		of any Court, Tribunal or ot bsisting.	her	Oyes	O No
If Yes, details thereof in fo	ollowing manner.				
Number of proceedings					
Section and the title of relevant Act	Particulars	104227 1127	Name of C	ourt/ Tribunal/	Authority
Whether there are any se	cured creditors.			O Yes	O No
Consent of all the secu	ured creditors for conver	rsion of the company into	limited partners	hip has been obt	ained.
	normal or normiccion fo	r conversion of the compa	ny into limited l	lability	042000
Whether any clearance, a partnership is required fro				O Yes	( ) No

Name of the authority	Date of approval (E	DD/MM/YYYY)	Order Numb	er
<del>L</del>				
(k) * Up to date documents including	latest balance sheet and a	nnual returns unde	r the Companies Act	t, 2013 have been file
(I) *Whether the company is engaged in	carrying out any		O 1	es O No
financial activity.				
m) *Total Assets of the entity				
n) *Total financial Assets of the entity				
o) *Total revenue of the entity				2
o) *Total revenue of the entity from fina	incial assets			
achments				
a) *Statement of Assets and Liabilities o		Mes page	Choose File	Remove Downlos
certified as true and correct by the a 15 days	uditor not be older than	Latriculation	Changeline	
b) List of secured creditors along with t	heir consent	414 = 64 U	Choose File	Remove Downloa
c) Approval from any other body/autho	rity	44,270	Choose File	Remove Downloa
d) *Copy of acknowledgement of latest	income tax return	(Act 2 to 2	Choose File	Remove Downloa
e) *Auditor Certificate		price ( built	Choose File	Remove Downloa
f) Optional attachments, if any		No. 1895	Choose File	Bemove Downloa
		V-2		
t B: Statement				
ne shareholder of*	- xvm Sissions		poration document	
	rtner or designated partn	****	for the conversion o	of the said company*
into th	e limited liability partnersi	hip.		
] I state as under:				
<ul> <li>(i) that all the requirements of the Li with, in respect of conversion of p precedent and incidental thereto;</li> </ul>	rivate company/ unlisted			
(ii) that all the partners of the limited	11: 6:10:		**	

	licable clearances, approvals or permissions for co thority/authorities have been obtained;	nversion of the company into a limited liability partnership
(iv) that the con- obtained;	sent of all the secured creditors for conversion of t	the company into limited liability partnership has been
(v) that all the di the Companie		eet and annual return have been filed under the provision of
(vi) that to the b complete.	est of my knowledge and belief, the information g	iven in this form and its attachments is correct and
*To be digitally signed	l by	DSC BOX
*DIN/DPIN/PAN of the	Designated Partner	
Certificate		
It is hereby certified th and found them to be	at I have verified the above particulars from the b true and correct.	ooks and records of*
I further certify that all	I the required attachments have been completely	and legibly attached to this form.
*Category:		
Chartered Accoun	tant (in whole-time practice)	
Cost Accountant (	in whole-time practice)	
Company Secretar	ry (in whole-time practice)	20 22
*Whether Associate or	r Fellow:	⊕
O Associate	O Fellow	
*Membership No.		*)
*Certificate of Practice	number	
*To be digitally signed	l by	DSC BOX
		Save Submit
For office use only:		
eForm Service request	11	
eForm filing date (DD/	MM/YYYY)	

This eForm is hereby approved  This eForm is hereby rejected  Date of signing (DD/MM/YYYY)	DSC BOX
\$25 ***	2 880

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



## 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

Notice of intimation of order of Court/ Tribunal /Central Government to the Registrar

English

Form language

Hindi

[Pursuant to rule 35(11), 35(17) and 41(4) of Limited Liability Partnership Rules, 2009] 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 (Caurt/Central Government/ National Company Law Tribunal/National Company Law Appellate Tribunal/ Any other competent outhority) (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 O LLP Act, 2008 O Insolvency and Bankruptcy Code, 2016 O Others (a) Section of LLP Act, 2008 and relevant Rules under which order is passed V (60(3) read with Rule 35(11)- Compromise or Arrangement of LLP/62(3) read with Rule 35(17)- Reconstruction or Amalgamation of U.P/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.e.t. conversion of firm / company into LLP/Others)	
(b) Section of Insolvency and Bankruptcy Code, 2016 under which order is passed (7-Admission of CRP filed by financial creditor/9-Admission of CRP filed by operational creditor/10- Admission of CRP filed by corporate debtor/12A-Withdrawol 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	
*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)	
*Date of application to Court or Tribunal or competent authority for issue of certified cop of order (DD/MM/YYYY)	ý
*Date of issue of certified copy of order (DD/MM/YYYY)	
*Due date by which order is to be filed with Registrar	
*Description of order	
I in case of compounding of offence, enter Service request number (SRN)(s) of Form 31	
2 SRN of relevant Form (Mention the SRN of relevant Form 22 or any other form; if applicable)	
3 *Whether cost involved or not	O Yes O No
If yes, details of cost paid	
etalls of IRP/RP 4 Details of Interim Resolution Professional (IRP)/ Details of Resolution Professional (RP) /	Details of liquidator
E Details of Internal recordation (10) estates (10) ft Details (11)	
(a) Income-tax permanent account number (Income-tax PAN)	
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(Income-tax PAN)	
(Income-tax PAN) (b) IBBI Registration No.	
(b) IBBI Registration No. (c) Name	

Particulars of the person signing and submitting the form  Name  Designation  (Designated Partner/ Authorized representative/ LLP Administrator/ Liquidal Professional (IRP)/ Resolution Professional (RP)/ Others)  Capacity  *DPIN in case of Designated partner/ DPIN or Income-tax PAN representative/ PAN in case of LLP Administrator/ Interim Reso	in case of Authorized			•
Particulars of the person signing and submitting the form  Name  Designation  (Designated Partner/ Authorized representative/ LLP Administrator/ Liquidal Professional (IRP)/ Resolution Professional (RP)/ Others)  Capacity				V
Particulars of the person signing and submitting the form  Name  Designation  (Designated Partner/ Authorized representative/ LLP Administrator/ Liquidal Professional (IRP)/ Resolution Professional (RP)/ Others)	tor/ Interim Resolution			T
Particulars of the person signing and submitting the form Name Designation	one/ Interior Reportation			₹
Particulars of the person signing and submitting the form				
Application of the property of		DSC BOX	oval sim	5
I, being a designated partner/ authorised representative/ orm.	administrator of the LLP/ f	23 (100 41), 5 (100 00000000000000000000000000000000	d to sign a	and submit th
□ To the best of my knowledge and belief, the information gone through the provisions of the Limited Liability Partnership o sign and submit this form.				
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(b) Optional attachment(s) - if any	No. 1 CH	Choose File	Remove	Download
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Attachments				
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District		11		
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Form language

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

English

Hindi

[Pursuant to rule 19(1) of Limited Liability Partnership Rules, 2009] सन्यमेच जवत	
Refer instruction kit for filing the form	
All fields marked * are mandatary	
1 Applicant details	
(a) *Category of applicant (Limited Liability Partnership (LLP)/ Company/ Other entity)	<b>▼</b>
(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	V
*Pin code / Zip Code	
*Area/Locality	V
*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	full at Add		Choose File	Remove	Download
(b) Optional attachment(s) - if any	14-174		Choose File	Remove	Download
Verification  *  To the best of my knowledge and belief, the information given that the language is a second to the Limited Liability P					
* ☐ To the best of my knowledge and belief, the information give	artnership Act, 200	08, the rule	es framed the		
<ul> <li>To the best of my knowledge and belief, the information giv</li> <li>I have gone through the provisions of the Limited Liability P</li> <li>I have been authorized to sign and submit this application.</li> </ul>	artnership Act, 200	08, the rule	es framed the		
<ul> <li>To the best of my knowledge and belief, the information giv</li> <li>I have gone through the provisions of the Limited Liability P</li> <li>I have been authorized to sign and submit this application.</li> <li>Applicant or designated partner or managing director or d</li> <li>*Designation</li> </ul>	artnership Act, 200	08, the rule	es framed the		
* ☐ To the best of my knowledge and belief, the information given.  I have gone through the provisions of the Limited Liability P.  I have been authorized to sign and submit this application.  Applicant or designated partner or managing director or d.  *Designation  (Designated Partner/ Managing director/ Director/ Manage)	artnership Act, 200	08, the rule	es framed the	ere under	
* ☐ To the best of my knowledge and belief, the information given.  I have gone through the provisions of the Limited Liability P.  I have been authorized to sign and submit this application.  Applicant or designated partner or managing director or d.  *Designation  (Designated Partner/ Managing director/ Director/ Management or DIN or Income-tax PAN or Membership number.	artnership Act, 200	08, the rule	ary DSC BOX	ere under	
* ☐ To the best of my knowledge and belief, the information given.  I have gone through the provisions of the Limited Liability P.  Thave been authorized to sign and submit this application.  Applicant or designated partner or managing director or d.  *Designation  (Designated Partner/ Managing director/ Director/ Manage.  *DPIN or DIN or Income-tax PAN or Membership number.  Signature Field 1	artnership Act, 200	08, the rule	ary DSC BOX	ere under	<b>Y</b>
* ☐ To the best of my knowledge and belief, the information given.  There gone through the provisions of the Limited Liability P.  There been authorized to sign and submit this application.  Applicant or designated partner or managing director or d.  *Designation  (Designated Partner/ Managing director/ Director/ Manage.  *DPIN or DIN or Income-tax PAN or Membership number.  Signature Field 1	artnership Act, 200	08, the rule	ary DSC BOX	ere under	<b>Y</b>
<ul> <li>To the best of my knowledge and belief, the information given.</li> <li>I have gone through the provisions of the Limited Liability P.</li> <li>I have been authorized to sign and submit this application.</li> <li>Applicant or designated partner or managing director or d.</li> <li>*Designation (Designated Partner/ Managing director/ Director/ Management or DIN or Income-tax PAN or Membership number.</li> </ul>	artnership Act, 200	08, the rule	ary DSC BOX	ere under	<b>Y</b>

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Form language

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] English

Hindi

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efer instruction kit for filing the form		
Ill fields marked in * are mandatory		
LP details		
*Limited Liability Partnership Identification Number (LLPIN)		
(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	O No
5 *Whether up to date income-tax returns filed	○ Yes	O No
6 *Date from which the LLP ceased to carry on business (DD/MM/YYYY)		
6 *Date from which the LLP ceased to carry on business (DD/MM/YYYY)	-	
6 *Date from which the LLP ceased to carry on business (DD/MM/YYYY)  7 Regulator details		
	O Yes	O No
7 Regulator details  (a) *Whether the LLP's activities is/are regulated under any	O Yes	O No
7 Regulator details  (a) *Whether the LLP's activities is/are regulated under any  Law/ Rules/ Regulations?	O Yes	O No
7 Regulator details  (a) *Whether the LLP's activities is/are regulated under any Law/ Rules/ Regulations?  (b) If Yes, specify name of the Regulator and law under which this entity is regulated	O Yes	O No
7 Regulator details  (a) *Whether the LLP's activities is/are regulated under any Law/ Rules/ Regulations?  (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)	O Yes	O No
7 Regulator details  (a) *Whether the LLP's activities is/are regulated under any Law/ Rules/ Regulations?  (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	O Yes	

(1)	(11)	(10)	(iv)	0 41 - 641 - 0
Act under which prosecution is pending	Name of the court before which it is pending	Case number	Subject matter	Section of the Ac
prosecution is pending	which it is pending			
				CD T AC VALLE
tatement of Accounts di	sclosing Nil Assets and Nil Liabil	lities (sub-clause (a)	of clause (II) of sub-rule	(1A) to rule 37(1)]
a) *Statement of Account	as no data			
a) statement of Account	as on date			
articulars: (Brief break up	in respect of each item needs t	o be given)		
b) Source of Funds:				
(i) *Capital				
	plus (including balance in Profit	and Loss Account)		
(iii) *Loan Funds				
	ns from Financial Institutions			
(2) *Secured Loa				
(3) *Secured Loa	ns from Govt.			
(4) *Others Secu	red loans		Ü =	
(5) *Debentures				
(6) *Unsecured I	oans			
(7) *Deposits an	d interest thereon			
(8) *Total Loan F	unds			
(iv) *Total [b(i)+b(ii)+b	(iii)(8)]			
XXXXX	21.030000			
c) Application of Funds:				
(i) *Fixed Assets				
(ii) *Investments				
(iii) *Current Assets, I	oans and Advances		TQ.	
(iv) *Current Liabilitie	s and Provisions			
(1) *Creditors			(9)	
(2) *Unpaid Divi	dend			
(3) *Payables			-13	
(4) *Others				
(5) *Total Currer	nt Liabilities and provisions			
(v) *Net Current Asse	ets [c(iii)-c(iv)(5)]			
(vi) *Miscellaneous e	xpenditure to the extent not wr	itten off or adjusted		
(vii) *Profit and Loss A	ccount (Debit Balance)			2.1
(viii)*Total (c(i)+(c(ii)+	c(v)+c(vi)+c(vii)			
Place				

(iii)

(ii)

(i)

(v)

(iv)

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nt of latest Income Tax return	Choose File Remove Download				
count Solvency and Charges	Choose File Remove Download				
of LLP	Choose File Remove Download				
e concerned regulatory authority	Choose File Semove Download				
nated partners sub-rule (1A) to rule 37(1)]	Choose File Remove Download				
if any	Choose File Remove Download				
viedge and belief, the information given in the application is e liable for prosecution under Section 37 of the LLP Act, 20 herein contain any misstatement which is false in any mate be made available for payment of liabilities even after date	08 if any part of the statements made or rial particular or omission of any material of order for removal of name of LLP from				
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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]

efer instruction kit for filing the form	
All fields marked in * are mandatory	
Entity Details	
L *This form is for	O Reservation of Name O Renewal of Reservation
Service request number (SRN) of reservation	
*Name of the FLLP or Foreign Company	
Registered office address or principal place of business company	address of the FLLP or foreign
*Address Line I	
Address Line II	
*Country	
*Pin code/Zip code	
*Area/Locality	
*Gty	
District	
*State/ UT	
*E-mail ID	
Phone	
€1	
Applicant's details	
5 *Name of the applicant	

6 Address of the applicant			
*Address Line I			
Address Line II			
*Country			V
*Pin code/Zip code			
*Area/Locality			V
*City			
District			
*State/UT			
Jurisdiction of Police Station			
*E-mail ID			
*Mobile number			
8 *Incorporation or registration number 9 *Country of incorporation or registration			<b>V</b>
Attachments			
a) *Certified copy of the authority to submit the application	tion a loop	Chaose File Remove Dow	vnloa
b) Certified copy of the incorporation or registration certificate	17-47-518	Chaose File Remove Don	vnloa
c) Optional attachment(s) - if any	Nove 3 Selfs	Choose File   Remove   Dow	mloa
Verification	n in this Form and i	its attachments is correct and complete.	
To the best of my knowledge and belief, the information give		The second secon	

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orm filing date (DD/M	M/YYYY)				
gital signature of the	uthorizing officer				
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Form language

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

English

Hindi

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

सन्तरमञ्जलन 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 incorpor	ated or registe	red outside India	
*Address Line1			
Address Line2			- 9
*Country			<b>V</b>
*Pin code/Zip code			
*Area/Locality			
*City			- 0
District			
*State/UT			
*Email ID			
*Is the country part of Hague Convention?	○Yes	O No	
*Is the country part of Commonwealth?	○Yes	O 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	1		
*Date of establishment of principal place of business in India (DD/MM/YYYY)    Details of type of office and main division of business activity			
(a) *Type of office		\$10	

O Liaiso	on Office	○ Bran	ich Office	O Proj	ect Office	Other Office
(b) If other	er, then provide details					
(c) (i) *M:	ain Sub-class of industrial acti	vity to be carr	ied out in India			
(ii) *De	escription of the main sub-cla	ss of industria	l activity to be carrie	ed out in In	dia	
(a) *Whet	her any approval is required	for setting up	the office in India?		○ Yes	○ Na
(b)	(c)		(d)	(e)	(f)	(g)
S No	Name of the Authority (Re: India/ Securities and Exchar India/ Insurance Regulatory Development Authority/ Ot	nge Board of	If Others, please specify	Order number	Validity O Unlimited O Fixed	Approval valid till (DD/MM/YYYY)
Full addre	ess of the office of the limited	liability partn	ership in India which	is deemed	l as its principal p	lace of business in India
*Address		asomer parse				
Address L	lne2					¥ = =
*Longitud	de					
*Latitude			TX.			
*Country			55%			
*Pin code	/Zip code			90	_	7
*Area/Loc	cality				_	
*City						
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	ion of Police Station					
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	artners / Designated Partner		gn LLP			
	of partners and designated pa ber of partners	irtners				
SORE SHOULD	etails of Partner of the Foreign	LLP - Partner	1		5,0	
49784277	ber of designated partners				3	

(i) Details of Designated Partner of the	Foreign LLP - DP1	
(c) (i) Designated Partner Identification num	nber (DPIN)	
(ii) First Name		
(iii) Middle Name		
(iv) Last Name		
(d) Address		
Address Line1		
Address Line2		
Country		(V
Pin code/Zip code	0	
Area/Locality		Ţ
City		
District		
State/UT		
Jurisdiction of Police Station	170	
(e) PAN/Passport Number		
(f) Email ID		
The second secon		
any notices or other documents required to		nited liability partnership service of process and rtnership
(a) *Number of persons authorized		
(i) Particulars of person authorized – 1		
(b) Designated Partner Identification Number	er (DPIN)	
		Fetch from diplocker
(c) Name of person resident in India authori	zed to accept on behalf of the foreig	on limited liability partnership
(i) First Name		

(ii) Middle Name			
(iii) Last Name			
i) Father's Name			
(i) First Name			
(ii) Middle Name			
(iii) Last Name			
*Designation			
) *Nationality			V
(i) *Is the Nationality of origin different from the above mentioned nationality	○ Yes	ONo	
(ii) Nationality of origin			V
(iii) *Date of Birth (DD/MM/YYYY)			
Income-tax permanent account number (Income-tax PAN)			
) Permanent Residential Address	Verity	Income-Tax PAI	- SPARE
*Address Line1			
Address Line2			2-14
	1		V
*Country			
*Country *Pin code/Zip code			
*Pin code/Zip code			[v
*Pin code/Zip code  *Area/Locality			
*Pin code/Zip code  *Area/Locality  *City			
*Pin code/Zip code  *Area/Locality  *City  District			
*Pin code/Zip code  *Area/Locality  *City  District  *State/UT  Jurisdiction of Police Station	O Yes	O No	
*Pin code/Zip code  *Area/Locality  *City  District  *State/UT  Jurisdiction of Police Station	O Yes	O No	

Address	line?						
	Lines					10-1	
*Countr	у						
*Pin coo	le/Zip code						
*Area/L	ocality						6
*City							
District	(3)			22			
*State/L	п						
*Jurisdic	tion of Police Station						
j) Mobile N	umber				<b>—</b>		
k) Email ID							
4.5							
i) (i) *Numb	er of Limited Liability Partn	ership(s) in which he/she	is a partner				
					_		
(ii) *Num	ber of Company(s) in which	he/she is a director					
m) Details o	of company(s)/ LLP(s) in whi	ch authorized representa	tive is a director,	/partner			
(i)	(11)	(iii)		-			
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(i)	(11)	1000	ompany/ LLP				
(i)	(11)	1000	ompany/ LLP				
(i)	(11)	1000	ompany/ LLP				
(i) S No achments *Copy of th	(ii) CIN/LLPIN e incorporation document of	Name of C					
(i) S No achments *Copy of the	(ii) CIN/LLPIN e incorporation document of	Name of C	ompany/ LLP		Choose File	[Remove ]	Download
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(g) If the documents attached is not in English then the translated		32			
version of the documents, certified in the manner specified in the sub-rule (5) of rule 34	Det#15 (M)		Choose File	Remove	Download
h) Optional attachment(s) - if any	was 14		Choose File	Remove	Download
/erification					
To the best of my knowledge and belief, the information given	n in this form and	its attachm	ents is corre	ct and cor	nplete.
■ I have gone through the provisions of the Limited Liability Par	tnership Act, 200	08, the rules	framed the	eunder.	
I have been authorized to sign and submit this application.					
To be digitally signed by			DSC BOX		
*Authorized representative of FLLP			0	- 17	▼
*DPIN or Income tax PAN		2			
			€ Sa	we [	Submit
For office use only:		[6]			
eForm Service Request Number (SRN)					
Form filing date (DD/MM/YYYY)					
Digital signature of the authorizing officer					ž
This eform is hereby registered			DSCBOX		
Date of signing (DD/MM/YYYY)					
(A) (C)					

Form language

English Hindi Alteration in the documents filed for registration by Foreign LLP [Pursuant to rule 34(3) and 34(8) of Limited Liability Partnership Rules, 2009] 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 incorporat	ed or registered outside India
(a) Type of alteration	
☐ Appointment of new partner(s) or designated partner(s) ☐ Cessa	tion 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	ii .
Address Line1	
Address Line2	
Country	V
Pin Code/Zip code	
Area/Locality	(Y

City					
District					
State/UT				W	
urisdictie	on of Police Station				
	53V-01W-01W-01W-01W-01W-01W-01W-01W-01W-01W			19	
PAN/Pass	port Number				
E-mail ID					
Cessatio	n of Partners/Designated Partners				
(i) How I	many Partners/Designated Partners are to be ceased?				
(ii)	1 (10)		(iv)		
S No	Select the name of Partners/Designated Partners	V		ation of Partner D/MM/YYYY)	rs/Designated
			1 5 5 5 5 5 5	A CONTRACTOR OF THE PARTY OF TH	
dia ) Brief de	in the certificate of incorporation or registration of lim escription of the alteration Alteration (DD/MM/YYYY)	ited liabil	ity partnershi	p incorporated	or registered out
dia ) Brief de i) Date of ) (i) Whe or re	escription of the alteration		)(E	p incorporated  Yes	or registered out
dia ) Brief de ) Date of ) (i) Whe or re (ii) If ye	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability pari gistered outside India  s, specify changed name		)(E	p incorporated  Yes	
dia ) Brief de ) Date of ) (i) Whe or re (ii) If ye	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India		)(E	p incorporated Yes	
dia ) Brief de ) Date of ) (i) Whe or re (ii) If ye eration in	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  es, specify changed name in particulars of authorized person of LLP  alteration	tnership t	ncorporated	O Yes	
dia ) Brief de i) Date of (ii) Whe or re (ii) If ye eration ii  Type of	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  s, specify changed name  n particulars of authorized person of LLP  alteration	tnership li Modificat	ncorporated	O Yes	0
dia ) Brief de ) Date of (ii) Whe or re (ii) If ye eration ii  Type of	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  es, specify changed name in particulars of authorized person of LLP  alteration  dilition of a person authorized to accept service	tnership li Modificat	ncorporated	O Yes	0
dia ) Brief de i) Date of (ii) Whe or re (ii) If ye eration ii  Type of  Ac Di Additio	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  es, specify changed name in particulars of authorized person of LLP  alteration  ddition of a person authorized to accept service	tnership li Modificat	ncorporated	O Yes	0
dia ) Brief de ) Date of ) (i) Whe or re (ii) If ye eration ii  Type of  Ac Di Additio (i) How	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  es, specify changed name in particulars of authorized person of LLP  alteration  ddition of a person authorized to accept service	tnership li Modificat	ncorporated	O Yes	0
dia ) Brief de ) Date of ) (i) Whe or re (ii) If ye eration ii  Type of  Ac  De ) Additio (i) How (ii) Add	escription of the alteration  Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability part gistered outside India  es, specify changed name in particulars of authorized person of LLP  alteration  diction of a person authorized to accept service  eletion of a person authorized to accept service in of a person authorized to accept service  many authorized persons are being appointed?	tnership li Modificat accept se	ncorporated iion to particul ervice	O Yes	0
dia black bl	Alteration (DD/MM/YYYY)  ther there is any change in name of Limited liability partigistered outside India  is, specify changed name in particulars of authorized person of LLP  alteration  dilition of a person authorized to accept service  eletion of a person authorized to accept service in of a person authorized to accept service in of a person authorized to accept service imany authorized persons are being appointed?  ition of details of authorized person 1	tnership li Modificat accept se	ncorporated iion to particul ervice	O Yes	0

Fetch from digilocker
Verify Income-Tax PAN
ited liability partnership
▼
(v)
Y

State/UT			
Jurisdiction of Police St	ation		
(m) Whether present resid	dential address is	same as the permanent residential address	O Yes O No
If no, present resident	ial address		
Address Line1			
Address Line2			
Country			
Pin code/Zip Code			
Area/Locality			
City			<u> </u>
District		R	
State/UT		#II III	
Jurisdiction of Police St.			
	ation		
) Mobile Number			
E-mail ID			
) (i) Number of LLP(s) in wi	hich the authoriz	ted representative is a partner	
		uthorized representative is a director	100
		thorized representative is a director/partner	<u> </u>
(ii)		(iii)	
No CIN/LLPIN		Name of Company/ LLP	
letion of a person authori:	zed to accept se	rvice	
(i) How many authorized (	persons are to b	e deleted?	
(ii) Select the name of au	thorized person		T
(iii) Date of removal of au	thorized person	(DD/MM/YYYY)	
		siness in India of the LLP	

(	a) The principal place of business in India was shifted with eff	ect from (DD/MM/YYYY)		
(	b) The changed address is as under:			
	Address Line1			
	Address Line2			
	Country			
	Longitude			
	Latitude			
	Pin code/Zip code			
	Area/Locality			(v)
	City			
	District			
	State/UT			
	Jurisdiction of Police Station			
	Phone			
G. C	osure of place of business in India			
	a) Date of cessation of place of business in India (DD/MM/YYY	YJ		10
(	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 file	ing		
Atta	chments			
(a	*Copy of the decision or other document through which alteration has been made	litry 2 % h.;	Choose File Hemove Don	inload
(b	Copy of altered incorporation document or other instrument of LLP certified in the manner specified in the sub- rule (2) of rule 34	0.246	Choose File Remove D	ownload
(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	#140 MI	Chaose File Remove D	bsolowo
(0	Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership	Park 4.3 CPA	Choose File Remove D	ownicad

		1	
(e) Power of attorney in favor of authorized representative	90-101	Choose File	Remove Download
(f) Optional attachment(s) - if any	(Alteres)	Choose File	Remove Download
Verification			
To the best of my knowledge and belief, the information g	iven in this form and i	its attachments is corre	ct and complete.
*  I have gone through the provisions of the Limited Liability of establishment of place of business by a foreign Limited I	Partnership Act, 2008 Liability Partnership.	, the rules framed ther	eunder in respect
<ul> <li>I am authorized to sign and submit this form.</li> </ul>			. 1
*To be digitally signed by		DSC BOX	
*Authorized representative of Foreign Limited Liability Partnersh	ip		(v)
*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		302	
This eForm is hereby registered		DSCBOX	PANE -
Date of signing (DD/MM/YYYY)			
			- 1

Form language

Application for compounding of an offence under the Act [Pursuant to rule 41(1) of Limited Liability Partnership Rules, 2009]	English Hindi
सत्याव जपत Refer instruction kit for filing the form	
All fields marked in * are mandatory.	
Applicant Category	
1 *Category of applicant  (Umited Liability Partnership (LLP) /Foreign Limited Liability Partnership (FLLP)/Others)	<b>T</b>
LLP/ FLLP Details	
<ol> <li>Limited Liability Partnership identification number (LLPIN) or Foreign Limited Liability Partnership identification number (FLLPIN)</li> </ol>	
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	<b>Y</b>
(a) *Whether application for compounding offence is filed in respect of:	
☐ LLP or Foreign LLP ☐ Designated Partner ☐ Partner ☐ Author	rized Representative
(b) Number of person(s) for whom the application is being filed	
(c) Details of person(s) for whom the application is being filed	\$ 5 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Category	₹
(Designated Partner/Authorized Representative/Partner/Others)	
Designated Partner Identification Number (DPIN) or	
O Income tax Permanent Account Number or Passport number	
Name	
(a) *Whether Show cause notice received	0 *** 0 **
2.0	O Yes O 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	
*Whether the offence has been made good as on date of application, if applicable	O Yes O No
k) If yes, the date of making the default good (dd/mm/yyyy)	MARKET MISSEN STREETS
Brief particulars as to how the default has been made good	
m) If no, Why the default has not been made good?	
AND THE PROPERTY OF THE PROPER	3)

<ol> <li>Details of previous compounding application in last three years for</li> </ol>	or the same deraul			
				_
ttachments				
(a) Copy of Show cause notice received	With Jack	Choose File	Remove	Cownload
(b) Copy of authority to make the application on behalf of the LLP or FLLP	45 o FMP	Choose File	Hemove 0	Cownload
(c) Copy of authority to make the application on behalf of other persons	11.4 11	Choose File	Remove 0	Download
(d) Optional attachment(s) - if any	earl MI	Choose File	Remove	Download
Consecutar No. V				
erification  To the best of my knowledge and belief, the information giver	in this application	and its attachments i	s correct and c	omplete
	I III titis application	Children and the property of the contract of t		
				700/617-22
☐ I have gone through the provisions of the Limited Liability Par	tnership Act, 2008	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par☐ ☐ I have been authorized to sign and submit this application on mentioned above	tnership Act, 2008	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par☐ I have been authorized to sign and submit this application on mentioned above  To be digitally signed by	tnership Act, 2008 behalf of the pers	and the rules framed	there under.	
I have gone through the provisions of the Limited Liability Par I have been authorized to sign and submit this application on mentioned above  To be digitally signed by  Designated partner or Authorized representative or Partner of LLP	tnership Act, 2008 behalf of the pers	and the rules framed	there under.	▼)
☐ I have gone through the provisions of the Limited Liability Par☐ I have been authorized to sign and submit this application on	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed	there under.	
I have gone through the provisions of the Limited Liability Par I have been authorized to sign and submit this application on mentioned above  To be digitally signed by Designated partner or Authorized representative or Partner of LLP Designation	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par ☐ I have been authorized to sign and submit this application on     mentioned above  To be digitally signed by  Designated partner or Authorized representative or Partner of LLP  Designation  Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/Other  Designated Partner Identification Number (DPIN) or	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par ☐ I have been authorized to sign and submit this application on     mentioned above  To be digitally signed by  Designated partner or Authorized representative or Partner of LLP  Designation  Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/Other  ○ Designated Partner Identification Number (DPIN) or ○ Income-Tax Permanent Account Number or PAN ○ Passport	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par ☐ I have been authorized to sign and submit this application on mentioned above  To be digitally signed by  designated partner or Authorized representative or Partner of LLP  designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/Other  ○ Designated Partner Identification Number (DPIN) or ○ Income-Tax Permanent Account Number or PAN ○ Passporterificate by practicing professional	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed	there under.	
☐ I have gone through the provisions of the Limited Liability Par ☐ I have been authorized to sign and submit this application on mentioned above  To be digitally signed by Designated partner or Authorized representative or Partner of LLP Designation Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/Other ☐ Designated Partner Identification Number (DPIN) or ☐ Income-Tax Permanent Account Number or PAN ☐ Passporterificate by practicing professional	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed on(s) whose name(s) i	there under.	
☐ I have gone through the provisions of the Limited Liability Par ☐ I have been authorized to sign and submit this application on mentioned above  To be digitally signed by Designated partner or Authorized representative or Partner of LLP Designation Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/Other ☐ Designated Partner Identification Number (DPIN) or ☐ Income-Tax Permanent Account Number or PAN ☐ Passporter of the Passporter	tnership Act, 2008 behalf of the perso or Applicant	and the rules framed on(s) whose name(s) i	there under.	
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O Associate O Fello	DW		
Membership number			
Certificate of Practice number			
			Save
for office use only:			
e-Form Service request number (	SRN)		
e-Form filing date (dd/mm/yyyy)			
Digital signature of the authorizin	g officer		A service of the serv
This e-Form is hereby approved			DSC BOX
This e-Form is hereby rejected			DSC BOX
Date of signing (dd/mm/yyyy)			
		78	

documents can be attached)

# 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
सन्याय ज्यात Refer instruction kit for filing the form		
All fields marked * are mandatory		
RN details		
*Service Request Number (SRN) of relevant form(s)		
Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that verify the system displayed details below)	correct SRN is mentio	ned in this field a
(a) *Date of SRN		
(b) *Form number(s)		
LP/FLLP/Company information		
Limited Liability Partnership Identification Number (LLPIN) or Foreign Limited Liability Partnership Identification Number (FLLPIN) or Corporate Identification Number (CIN)		
(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	3	
(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		
(a) *Details of defects pointed out or further information called by the Registrar or any o	ther competent auth	ority
(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 d	ropdown below. Ma	ximum five

(a) Type of document	[V	Choose File	Remove	Download
(b) Type of document		Chaose File	Remove	Download
(c) Type of document	(V	Choose File	Remove	Download
(d) Type of document	( <b>v</b>	Choose File	Remove	Download
(e) Type of document	(v	Choose File	Remove	Download
erification				
o the best of my/our knowledge ar	d belief, the information given above and in the a	ttached docume	nts is correct an	d complet
o be digitally signed by				
esignated Partner (In case of an LL	P) or an authorised representative	DSC BOX	<b>新建2%</b>	
n case of a Foreign LLP)	) or an obstructive representative	and the same		
esignation				
esignated partner/Authorized Representati	we)			L¥.
esignated Partner identification nu	mber (DPIN) or Income-tax PAN			9
case the form in respect of which	addendum is being filed was signed by director or			
[2] 이번 시간 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	cretary or chartered accountant (in whole-time	DSC BOX	(1)	
TO THE SECTION OF THE	hole-time practice or cost accountant r applicant or advocate or LLP administrator or ot	hers		
esignation				
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hartered Accountant (in whale time practic countant (in whole time practice)/Director, splicant/Partner/LLP Administrator/Others)				
hartered Accountant (in whole time practic countant (in whole time practice)/Director/ splicant/Partner/LLP Administrator/Others)	Managing director/Manager/Secretory/Advocate/			
ccountant (in whole time practice)/Director, pplicant/Partner/LLP Administrator/Others) apacity irector identification number (DPIN come-tax PAN of the manager; or I	Managing director/Manager/Secretary/Advocate/  of the director or Managing Director; or Membership number, if applicable or			
hortered Accountant (in whale time practice countant (in whale time practice)/Director, oplicant/Partner/LLP Administrator/Others) apacity irector identification number (DPIN come-tax PAN of the manager; or toome-tax PAN of the secretary (sec	Monoging director/Monoger/Secretory/Advocate/  of the director or Managing Director; or Membership number, if applicable or createry of a company who is not a member			
nortered Accountant (in whale time practice countant (in whale time practice)/Director, pplicant/Partner/LLP Administrator/Others) pacity rector identification number (DPIN come-tax PAN of the manager; or I come-tax PAN of the secretary (sec ICSI, may quote his/ her income-ta	Managing director/Manager/Secretory/Advocate/  ) of the director or Managing Director; or Membership number, if applicable or cretary of a company who is not a member ax PAN) or Income-tax PAN of LLP Administrator			
hortered Accountant (in whale time practice countant (in whale time practice)/Director, opticant/Partner/LLP Administrator/Others) spacity rector identification number (DPIN come-tax PAN of the manager; or to come-tax PAN of the secretary (sec	Managing director/Manager/Secretory/Advocate/  ) of the director or Managing Director; or Membership number, if applicable or cretary of a company who is not a member ax PAN) or Income-tax PAN of LLP Administrator			
hortered Accountant (in whale time practice countant (in whale time practice)/Director, splicant/Partner/LLP Administrator/Others) apacity  rector identification number (DPIN come-tax PAN of the manager; or licome-tax PAN of the secretary (see ICSI, may quote his/ her income-tax DPIN/ income-tax PAN/ Passport in the secretary is set if the secretary income-tax pand in the secretary is set if the secretary income-tax pand in the secretary in the secretary is set if the secretary in the secretary	Managing director/Manager/Secretory/Advocate/  ) of the director or Managing Director; or Membership number, if applicable or cretary of a company who is not a member ax PAN) or Income-tax PAN of LLP Administrator			I to this fo
hortered Accountant (in whale time practice countant (in whale time practice)/Director, opticant/Partner/LLP Administrator/Others) apacity rector identification number (DPIN come-tax PAN of the manager; or 1 come-tax PAN of the secretary (see ICSI, may quote his/ her income-tax DPIN/ Income-tax PAN/ Passport is ertificate is hereby certified that I have verily	Monoging director/Monoger/Secretory/Advocate/  ) of the director or Managing Director; or Membership number, if applicable or cretary of a company who is not a member ax PAN) or Income-tax PAN of LLP Administrator number of Partner		pletely attached	I to this fo

Cost accountant (in whole time practice)			
Company secretary (in whole-time practice)			
ether:			
Associate	O Fellow		
mbership number or Certificate of Practice numb	er	T	
			Ancesta
		E	Sove Submit :
form is not required to be signed by authorizing	r officer as this has bee	n filled in respect o	of an already filled e-Form
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10. In the principal rules, the Form 29 shall be omitted.

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

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: 0 4March, 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 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.egazette.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

111

Signature.

Name: K. V. R. Murty

Joint Secretary

Ministry of Corporate Affairs

Stamp/seal

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