FiLLiP

Form language

 \odot English \bigcirc Hindi

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

[Pursuant to Rule 8, Rule 11 and Rule 18 of Limited Liability Partnership गारत सरकार	p Kules, 200	19]		
Refer instruction kit for filing the form				
All fields marked in * are mandatory.				
Part A: Incorporation document				
1.Purpose of filing the				
form (a) *Whether name is already approved by Registrar of Companies		Yes	○ No	
(b) Service Request Number (SRN) of RUN-LLP				
(c) *Type of incorporation				
New incorporation Conversi	ion of firm i	nto LLP		
Conversion of private company/unlisted public company into LLP				
(d) CIN				
2.Particulars of the proposed or approved name				
(a) *Proposed or approved name				
(b) *Significance of abbreviated or coined word in the proposed name				
(c) *State the name of the vernacular language(s) if used in the proposed name an thereof	nd meaning			
(d) *Whether the proposed name is based on a trademark registered or is subject r an application pending for registration under the Trademarks Act	matter of	○ Yes	(No
* If yes, furnish particulars of trademark or application				
Attachments				
(a) In principle approval of regulatory authority, if required.	Max 2 MB			Choose file
(b) Approval of the owner of the trademark or the applicant of such application for registration of Trademark;	Max 2 MB			Choose file
(c) Copy of approval in case the proposed name contains any				
word(s) or expression(s) which requires approval from central government;	Max 2 MB			Choose file

(d) Copy of approval from the competent authority in case of		<u></u>
collaboration and connection with the foreign country or place	Max 2 MB	Choose file
(e) Copy of Board resolution of the existing company or consent of	Max 2 MB	Choose file
existing LLP as a proof of no objection		, , , , , , , , , , , , , , , , , , ,
3 (a) Address of registered office of LLP		
*Address Line I		
*Address Line II		
*Country		
*Pin code / Zip Code		
*area		
*City		
District		
*State / UT		
*Longitude		
*Latitude		
*Jurisdiction of Police Station		
(b) Contact Details		
Phone (with STD/ISD code)		
*Mobile No		
Fax		
*Email ID		
c) Attachments		
(a) *Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed/Rent Agreement along with rent receipts);	Max 2 MB	Choose file
(b) *Copy of the utility bills (not older than two months);	Max 2 MB	Choose file
(d) * Name of the office of Registrar in whose jurisdiction the be registered		f Companies, Pune

4.Details of business activity carried out by LLP on incorporation /conversion						
	rimary eckbox)	Industry sub class (as per NIC codes 2008)	Description of NIC code			
	X					Delete
						Delete
						Delete
*De	scription of	industrial activities to be ca	arried out by the			
(a) *	Main indus	trial activity				
*- NIC	code					
*- Des	cription of I	NIC code				
(b) *	Other indu	strial activity				
*- NIC	code					
	cription of					
5.Tota	al number o	of designated partners an	d partners of the LLP	Having valid DIM/DD	INI	
		Particulars		Having valid DIN/DPI	IIN	Not having valid DIN/DPIN
1	Number of	Designated Partners				
Α	- Individual	ls				
В	- Body corp	porates and their nominees				
2		Partners other than Design	ated Partners			
Α	- Individual	ls				
В	- Body corp	oorates and their nominees				
3	Total numb	per of Partners and Designa	ted Partners			
6.F	Particulars	of individual designated p	partners/designated par	rtners who are nominee	of bo	dy corporate
(A) Particular	s of individual designated	I partners having DIN/			
DE	PIN	_	, , , , , , ,			
(1)	^Basic detai	ls of Designated partner				
*D	esignated p	partner Identification numb	er (DIN/DPIN)			
*N	lame					
*W	/hether resid	dent of India				
	Yes					
	No					
ln	case of com	pany seeking				
CO	nversion					
	umber of sh					
		e of shares held (in INR) on of contribution				
	orm of cont onversion/0	ribution Cash /Other than cash)				

If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director	
B *Particulars of individual designated partners not having DIN/DPIN	
(i) *Basic details of Designated partner	
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
*Gender (Male/Female/ Transgender)	
*Date of Birth (dd/mm/yyyy)	
*Nationality *Whether resident of India	
Yes	
○ No	
*Income-tax PAN/Passport number	
• PAN	
Passport number	
*Income-tax PAN/Passport number details	
*Place of Birth (State)	
*Place of Birth (District)	
*Whether citizen of India	
Yes	
○ No	
*Occupation type (Business/Professional/Government	
Employment/Private Employment /Housewife/Student/Others)	
Description of others	
*Area of Occupation	
If 'Others' selected, please specify	

*Educational Qualification (Primary education/Secondary education Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/ Diploma /Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email ID (ii) *Permanent address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code) (iii) * Whether present residential address same as permanent residential address	
YesNo*Present address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	

*If Duration of stay at present address is less than one year then address of previous residence	
(iv) *Identity Proof (Voters Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)	
*Identity Proof No.	
*Residential Proof No. *Submit a copy of the proof of identity and proof of address *Proof of identity	
Max 2 MB	
*Residential proof	
Max 2 MB	
(v)In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR) (vi) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director	
(i) *Basic details of Designated partner	
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
*Gender (Malo/Fomalo/Transgender)	
(Male/Female/ Transgender) *Date of Birth (dd/mm/yyyy)	
*Nationality	

*Whether resident of India	
Yes	
○ No	
*Income-tax PAN/Passport number	
PAN	
C Passport number	
*Income-tax PAN/Passport number details	
*Place of Birth (State)	
*Place of Birth (District)	
*Whether citizen of India	
Yes	
○ No	
*Occupation type	
(Business/Professional/Government Employment/Private Employment /Housewife/Student/Others)	
Employment/Frivate Employment / Housewile/Student/Others)	
Description of others	
*Area of Occupation	
If 'Others' selected, please specify	
*Educational Qualification	
(Primary education/Secondary education	
Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/Diploma /Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email ID	
(ii) *Permanent address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
(iii) * Whether present residential address same as permanent residential address	
Yes	

○ No *Present address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	
*If Duration of stay at present address is less than one year then address of previous residence	
(iv) *Identity Proof (Voters Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)	
*Identity Proof No.	
*Residential Proof No.	
*Submit a copy of the proof of identity and proof of address *Proof of identity	
Max 2 MB	
*Residential proof	
(v)In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR) (vi) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	

If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director	
C* Particulars of bodies corporate and their nominees as designated partners having DI (i)*Particulars of body corporate	IN/DPIN
*Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI)	
*Corporate identity number (CIN) or foreign Company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other registration number	
PAN	
*Name of body corporate *Registered office address or Principal place of business in India or Principal place of business	outside India
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station Contact details	
Phone (with STD/ISD code)	
*Mobile No	
Fax	
*Email ID	
In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR) (ii) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	

*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director	
(iii) * Particulars of the person /designated partner signing on behalf of the body corpor	ate as nominee
*Designated partner Identification number (DIN/DPIN)	
*Name	
*Whether resident of India	
○ Yes	
○ No	
*Designation and Authority in body corporate	
*Copy of resolution on the letterhead of such body corporate to become a partner in the prop	posed LLP and a copy of resolution/
authorization of such body corporate also on a letterhead mentioning the name and address nominated to act as nominee/designated partner on its behalf.	
Max 2 MB	
D *Particulars of bodies corporate and their nominees as designated partners not have (i)* Particulars of body corporate	ving DIN/DPIN
*Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI)	
*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	ess 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	

In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR) (ii) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director (iii) * Particulars of the person signing on behalf of the body corporate as nominee	
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
*Gender	
(Male/Female/ Transgender)	
*Date of Birth (dd/mm/yyyy)	
*Nationality	
*Whether resident of India	
○Yes	
○ No	
*Income-tax PAN/Passport number PAN	
○ Passport number	
*Income-tax PAN/Passport number details	
*Place of Birth (State)	
*Place of Birth (District)	
*Whether citizen of India	
○ Yes	
○ No	
*Occupation type (Business/Professional/Government Employment/Private Employment /Housewife/Student/Others)	
Description of others	1

*Area of Occupation	
If 'Others' selected, please specify	
*Educational Qualification (Primary education/Secondary education Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/ Professional/Diploma /Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email ID	
*Permanent address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
(iv)* Whether present residential address same as permanent residential address	
○ Yes	
○ No	
*Present address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	
*If Duration of stay at present address is less than one year then address of previous residence	

Г	
(v) *Identity Proof (Voters Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)	
*Identity Proof No.	
*Residential Proof No.	
*Submit a copy of the proof of identity and proof of address *Proof of identity	
Max 2 MB	
*Residential proof	
Max 2 MB	
*Copy of resolution on the letterhead of such body corporate to become a partner in the proposition of such body corporate also on a letterhead mentioning the name and address of nominated to act as nominee/designated partner on its behalf.	
Max 2 MB	
(i) *Basic details of Individual partner *Designated partner Identification number (DIN/DPIN) *Name	
*Whether resident of India	
○ Yes	
○ No	
In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR) (ii) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director	

B*Particulars of individual partners not having DIN/DPIN (i)*Basic details of individual partner	
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
*Gender (Male/Female/ Transgender)	
*Date of Birth (dd/mm/yyyy)	
*Nationality	
*Whether resident of India	I
○ Yes	
○ No	
*Income-tax PAN/Passport number PAN	
Passport number	
*Income-tax PAN/Passport number details	
*Place of Birth (State)	
*Place of Birth (District)	
*Occupation type (Business/Professional/Government Employment/Private Employment /Housewife/Student/Others)	
Description of others	
*Area of Occupation	
If 'Others' selected, please specify	
*Educational Qualification (Primary education/Secondary education Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/Diploma /Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email ID	
(ii)*Permanent address	
*Address Line I	
*Address Line II	
*Country	

*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
(iii) * Whether present residential address same as permanent residential address	
○ Yes	
○ No	
*Present address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
*If Duration of stay at present address is less than one year then address of previous residence	
(iv) *Identity Proof	
(Voters Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof	
(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized rent Agreement)	
*Identity Proof No.	
*Residential Proof No.	
*Submit a copy of the proof of identity and proof of address *Proof of identity	
Max 2 MB	
*Residential proof	

Max 2 MB	
(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)	
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*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
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*Number of company(s) in which he/ she is a director	
C*Particulars of bodies corporate and their nominees as designated partners not havin (i)* Particulars of body corporate	g DIN/DPIN
*Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI)	
*Corporate identity number (CIN) or foreign Company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other registration number	
PAN	
*Name of body corporate	
*Registered office address or Principal place of business in India or Principal place of business	outside India
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station Contact details	
Phone (with STD/ISD code)	
*Mobile No	
Fax	
*Email ID	,
In case of company seeking conversion	1
r. /	

Number of shares held	
Paid up value of shares held (in INR) (ii) *Description of contribution	
*Form of contribution (Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
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(iii) *Particulars of the person /designated partner signing on behalf of the body corpora	ate as nominee
*Designated partner Identification number (DIN/DPIN)	
*Name	
*Whether resident of India	
○ Yes ○ No	
*Designation and Authority in body corporate	
*Copy of resolution on the letterhead of such body corporate to become a partner in the prop authorization of such body corporate also on a letterhead mentioning the name and address on nominated to act as nominee/designated partner on its behalf.	
Max 2 MB	
Max 2 MB D *Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate	g DIN/DPIN
D*Particulars of bodies corporate and their nominees as designated partners not having	g DIN/DPIN
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/	
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *Corporate identity number (CIN) or foreign Company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership	
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *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	
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D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *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	
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *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 *Address Line I	
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *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 *Address Line II *Address Line II	
D*Particulars of bodies corporate and their nominees as designated partners not having (i)* Particulars of body corporate *Type of body corporate (LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI) *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 *Address Line II *Country	

District	
*State / UT	
Jurisdiction of Police Station	
Contact details	
Phone (with STD/ISD code)	
*Mobile No	
Fax	
*Email ID	
In case of company seeking conversion	
Number of shares held	
Paid up value of shares held (in INR)	
(ii) *Description of contribution	
*Form of contribution	
(Conversion/Cash /Other than cash)	
If 'Other than cash' selected, please specify	
*Monetary value of contribution (in INR.) (in figures)	
*Monetary value of contribution (in words)	
*Number of LLP(s) in which he/ she is a partner	
*Number of company(s) in which he/ she is a director (iii) *Particulars of the person signing on behalf of the body corporate as nominee	
First Name	
Middle Name	
Surname	
Father's First name	
Father's Middle name	
Father's Surname	
*Gender	
(Male/Female/ Transgender)	
*Date of Birth (dd/mm/yyyy)	
*Nationality	
*Whether resident of India	
○ Yes	
○ No	
*Income-tax PAN/Passport number	
_ PAN	
○ Passport number	
*Income-tax PAN/Passport number details	
*Place of Birth (State)	

*Dlace of Birth (District)	
*Place of Birth (District)	
*Occupation type (Business/Professional/Government	
Employment/Private Employment /Housewife/Student/Others)	
Description of athory	
Description of others	
*Area of Occupation	
If 'Others' selected, please specify	
*Educational Qualification	
(Primary education/Secondary education Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/	
Diploma /Others)	
If 'Others' selected, please specify	
*Mobile No	
*Email ID	
*Permanent address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	
Phone (with STD/ISD code)	
(iv)* Whether present residential address same as permanent residential address	
○ Yes	
○ No	
*Present address	
*Address Line I	
*Address Line II	
*Country	
*Pin code / Zip Code	
*Area/ Locality	
*City	
District	
*State / UT	
Jurisdiction of Police Station	

Phone (with STD/ISD code)	
Duration of stay at present address (Years/Month)	
*If Duration of stay at present address is less than one year then address of previous residence	
(v) *Identity Proof (Voters Identity Card/Passport/Driving License/Aadhaar)	
*Residential Proof (Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)	
*Identity Proof No.	
*Residential Proof No.	
*Submit a copy of the proof of identity and proof of address *Proof of identity	
Max 2 MB	
*Residential proof	
Max 2 MB	
8. Total monetary value of contribution by partners in the LLP	7,000
*Total monetary value of contribution by partners in the LLP (in figures)	10000
*Total monetary value of contribution by partners in the LLP (in `) (in words)	Ten Thousand
9.PAN/ TAN Information *Additional Information for applying Permanent Account Number (PAN) and Tax Dedu *Information specific to PAN *Area code	ction Account Number (TAN)
*AO type	
*Range code	
*AO No.	
*Information specific to TAN	
*Area code	
*AO type	
*Range code	
*AO No.	
*Source of Income (Income from Business/profession/ Capital Gains /Income from house property Income from other source /No Income)	

*Business/Profession code	
Attachments (a)Valuation Certificate	
Max 2 MB	
(b)Optional attachment(s) - if any	
Max 2 MB	
the LLP agreement, the particulars of which are stated aga We hereby give our consent to become a partner/ designa pursuant to section 7(4) / 25(3)(c) of the Limited Liability P To the best of my knowledge and belief, the information g further confirm that the proposed name is not undesirable firm or limited	ted partner/ nominee/ nominee & designated partner of the LLP artnership Act, 2008. (format as an attachment) iven in this form and its attachments is correct and complete. I e, identical or too nearly resembles to that of any other partnership
liability partnership or body corporate or a registered trade any other person under the Trade Marks Act, 1999. *Subscribers' sheet including consent.	e mark or a trade mark which is subject of an application for registration of
11 0115	
Max 2 MB	

Declaration by designated partner

* To be digitally signed by a designated partner			
*Signature Field 1			
*DIN/DPIN/PAN of the designated partner			
Declaration and certification by professional			_
I ● Son / ○ Daughter of		do sta	te that I am*
Advocate	Company Secretary	y in whole time practi	ce
Chartered Accountant in whole time practice Cost Accountant in whole time practice			
engaged in the formation of the limited liability partnership and	d my membership num	ber or certificate of p	ractice number
with India (Name of	regulatory body) is		(certificate of practice
number in case of company secretary /membership in all the ca	ses)		
(ii) all the requirements of the Limited Liability Partnership Act, 2 respect of incorporation and matters precedent and incidental t		e thereunder have be	en complied with, in
(iii) I make this statement conscientiously believing the same to	be true.		
* Whether:			
○ Associate● Fellow			
*Signature Field 2			
I, the designated partner of the LLP do state that (i) am a person named in the incorporation document as a desig (ii) the designated partner(s)/partner(s) have given their prior co (iii) all the requirements of the Limited Liability Partnership Act, Identification Number (DIN/DPIN), registration of the LLP and mo (iv) I make this statement conscientiously believing the same to	nsent to act as designat 2008 and the rules mad atters precedent or incic	ted partner(s)/partne le thereunder in respe	r(s); ect of Designated Partner

For office use only:	
eForm Service request number (SRN)	
eForm filing date (dd/mm/yyyy)	
Digital signature of the authorizing officer	
This e-form is hereby approved	DSC Box
This e-form is hereby rejected	DSC Box
Date of signing (dd/mm/yyyy)	
Duration of stay at present address (Years/Month)	