

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

GOVERNMENT OF INDIA
MINISTRY OF CORPORATE AFFAIRS

Notification

New Delhi, 11th day of January , 2010.

G.S.R. 24 (E). – In exercise of the powers conferred by sub-section (1) and (2) of section 79 of the Limited Liability Partnership Act, 2008 (6 of 2009), the Central Government hereby makes the following rules further to amend the Limited Liability Partnership Rules, 2009, namely: –

1. (1) These rules may be called the Limited Liability Partnership (Amendment) Rules, 2010.

(2) They shall come into force on the 15th day of January , 2010.

2. In the Limited Liability Partnership Rules, 2009,-

(i) for rule 10, the following shall be substituted, namely:-

“10(1) Every individual or nominee of a body corporate who is intending to be appointed as designated partner of a limited liability partnership shall submit an application electronically to the Central Government for allotment of Designated Partner Identification Number (DPIN) in the manner as provided in Form 7 along with fee as mentioned in Annexure ‘A’.

(2) (i) For making an application under sub-rule (1), the applicant shall attach the following:-

(a) attested or certified copy of the proof of identity containing self-photograph, date of birth and father’s name;

(b) attested or certified copy of the proof of residence;

(c) attested recent self photograph pasted on a plain paper and mentioning on that paper his or her name and affixing his or her two signatures thereon;

(ii) In case the applicant is a foreign national, a copy of the valid passport shall be proof of identity.

(iii) In case the applicant is nominee of a body corporate, a copy of resolution or authorization on the letterhead of the body corporate mentioning the name and address of an individual nominated to act as Designated Partner on its behalf shall also be attached:

Provided that in case the proof of identity and proof of residence is in a language other than Hindi or English, a certified copy of translation of the same either in Hindi or English shall be attached.

(3) The documents referred in sub-rule (2) shall be attested or certified by any one of the following authorities:

(a) Gazetted Officer of the Central or State Government,

(b) Notary Public,

(c) Company Secretary, Chartered Accountant, Cost & Works Accountant holding a certificate of Practice under the Company Secretaries Act, 1980, Chartered Accountants Act, 1949, and the Cost & Works Accountants Act, 1959 respectively:

Provided that in the case of foreign nationals residing outside India or foreign body corporate(s) registered outside India, the documents referred to in sub-rule (2) shall be duly certified and the provisions of sub-rule (2) of rule 34 of these rules, shall apply mutatis mutandis for this purpose.

(4) The Central Government shall process the application received for allotment of DPIN under sub-rule (1) and shall decide on the approval or rejection thereof and communicate the same along with the DPIN allotted in the case of approval to the applicant by way of a letter by post or electronically or in any other mode, within a period of thirty days from the receipt of such application.

(5) The Designated Partner Identification Number allotted under sub-rule (4) is valid for the lifetime of the applicant.

(6) Every Designated Partner shall, along with his consent to be a designated partner, intimate his or her DPIN to the Limited Liability Partnership in Form 9.

(7) (i) Every Designated Partner, who has been allotted a DPIN under these rules, in the event of any change in the particulars of such Designated Partner, shall intimate such change(s) to the Central Government within a period of 30 days of such change(s) in Form No. 10.

(ii) The Designated Partners shall attach certified copies of the proof of the changed particulars from any of the authorities specified in sub-rule (3).

(iii) There shall be no fee for intimating the change(s) of particulars in Form 10.

(8) The concerned designated partner, shall also intimate change(s) in particulars in Form 6 to the Limited Liability Partnership or Limited Liability Partnership(s) in which he is a designated partner within 15 days of such change(s).”;

(ii) for rule 12, the following shall be substituted, namely:-

“12. Where the intending partner is a body corporate, copy of Resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution or authorization of such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee or nominee & Designated Partner on its behalf shall be attached:

Provided that in the case of foreign nationals residing outside India or foreign body corporate(s) registered outside India, seeking to register a LLP in India, the name, address and signature of an individual or nominee or nominee & Designated Partner of a body corporate on the incorporation document, proof of identity, where required and documents referred in this rule, shall be duly certified and the provisions of sub-rule (2) of rule 34 of these rules, shall apply mutatis mutandis for this purpose.”;

(iii) in rule 21, for sub-rule (2), the following shall be substituted, namely:-

“For the purposes of sub-section (3) of section 23, every limited liability partnership shall get the limited liability partnership agreement, referred to in that sub-section, rectified by all the partners immediately after incorporation and shall file information contained therein in Form 3 with the Registrar within thirty days of the incorporation of the limited liability partnership alongwith the fee as provided in Annexure A.”;

(iv) in the Annexure, for Form 1, Form 2, Form 3, Form 4, Form 5, Form 6, and Form 7, the annexed Form 1, Form 2, Form 3, Form 4, Form 5, Form 6, and Form 7 shall be substituted ;

(v) in the Annexure ‘A’, in para 4, in item (b), for the letters and figures “Rs. 10,000”, the letters and figures “Rs. 5,000” shall be substituted.

Form 1

[See rule 18(5)]

Application for reservation or change of name

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

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

Part A: Reservation of name

2. Details of the applicant

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

(b) * Identification Number (Drop Down)

(ii) (a) *Name

(b) *Occupation

(c) *Address

*Line 1
Line 2
*City District
*State *Pin Code
*Country *ISO Country Code
Phone (with STD code) Fax (with STD code)
Mobile *Email Id

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

Details of 1st Designated Partner

- (i) *Whether designated partner is an Individual as Partner Nominee of a body corporate

(ii) *Name

(iii) * Identification Number (Drop Down)

- (iv) *Whether resident of India? Yes No

In case of nominee of a body corporate:

(i) *Type of body corporate

(ii) * Identification Number (Drop Down)

(iii) *Name of body corporate

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

Details of 2nd Designated Partner

(i) *Whether designated partner is an Individual as Partner Nominee of a body corporate

(ii) *Name

(iii) * Identification Number (Drop Down)

(iv) *Whether resident of India? Yes No

In case of nominee of a body corporate:

(i) *Type of body corporate

(ii) * Identification Number (Drop Down)

(iii) *Name of body corporate

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

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

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

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

If Yes, state purpose Conversion of firm Conversion of private company / Unlisted public company

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

(i) Name of the firm

(ii) Whether the firm is registered Yes No

If Yes, enter the following details

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

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

(c) Date of registration

(d) Registration number

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

(i) CIN

(ii) Name

7 *Proposed business activities of the Limited Liability Partnership (please note that if the business includes banking, insurance, venture capital, mutual fund, stock exchange, chit fund, micro-finance, collective investment schemes and NBFCs, a copy of the in-principle approval of the regulatory authority should be attached with Form 2)

(The under-mentioned business activities will be prefilled in Form 2)

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

in words

Part B: In case of change of name

9. *LLPIN

Pre-fill

10. (a) *Name of the LLP

(b) *Address of registered office of the LLP

*Line 1

Line 2

*City

District

*State

*Pin Code

*Country

*ISO Country Code

Phone (with STD code)

Fax (with STD code)

*Email Id

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

if yes, mention new /changed business of LLP

if no, give other reasons for change of name

12. *Whether change in name is based on the procedure laid down in the LLP agreement with consent of all partners

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

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

(a) *

(b)

(c)

(d)

(e)

(f)

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

(a) *

(b)

(c)

(d)

(e)

(f)

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

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

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

Attachments

- 1) In case of change of name of an existing limited liability partnership, certified copy of extracts of relevant LLP agreement/certified copy of decision/consent of all partners
- 2) Copy of Trade Mark Registration/ acknowledgement of application for Trade Mark Registration / authorization to use Trade Mark
- 3) If change is due to a direction received from the Central Government, then a copy of such direction
- 4) Optional Attachment

Attach
Attach
Attach
Attach

List of attachments

Remove Attachment

Verification

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

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

- I am a proposed subscriber to the Incorporation Document
- I am authorised by the proposed partners to sign and submit this application.
- I have been authorized by
(firm/ body corporate) to sign and submit this application
- I have been authorised by the Limited Liability Partnership to sign and submit this application

To be digitally signed by Applicant

Date:

Place:

Modify Check Form Pre-scrutiny Submit

For Office use only

eForm Service Request Number (SRN):

eForm Filing Date:

- This e-form is hereby approved
- This e-form is hereby rejected

Digital Signature of the authorizing officer

Submit to BO

Date of signing:

Form 2

[See rule 11]

Incorporation Document and Subscriber's Statement

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

Part A

Incorporation Document

1. *Service Request Number (SRN) of Form 1 Pre-fill

2. *Name of the LLP

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

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

5. *Address of registered office of the LLP

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

*Phone (with STD code) Fax (with STD code)

*Email Id

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

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

8. *Number of individual(s) as partner

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

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

(i) *Category of partner

DPIN in case of Designated partner Pre-fill

(ii) *Whether resident in India Yes No

(iii) *Name

(iv)* Father's Husband's Name

(v) *Nationality

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

(vii) *Occupation

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

(ix) Passport Number

(x) *Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(xii) If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

(xiii) *Form of contribution

(xiv) *Monetary value of contribution (in Rs.) in figure

in words

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

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

SNo	LLPIN	Name of LLP

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

SNo	CIN	Name of Company

9. *Number of bodies corporate as partner(s)

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

Details in respect of bodies corporate and their nominees

(First, enter details in respect of designated partners)

(i) *Type of body corporate

(ii) * Identification Number (Drop Down)

(iii) *Name of body corporate

(iv) *Country where registered

(v) *Full address of registered office

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

*Email Id

(vi) *Form of contribution

(vii) *Monetary value of contribution (in Rs.) in figure

in words

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

(a) *Name

(b) *Designation & Authority

(c) * Father's Husband's Name

(d) *Nationality

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

(f) *Occupation

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

(h) Passport Number

(i) Category of partner

DPIN in case of Designated partner

(j) *Whether resident in India Yes No

(k) *Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(m) If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

10.*Summary of Partners/Designated partners as on date of filing Form

SNo	Category	Number of Partners	Number of Designated Partners		Total
			Resident in India	Others	
(i)	Individuals				
(ii)	LLPs				
(iii)	Companies				
(iv)	LLPs incorporated outside India				
(v)	Companies incorporated outside India				
	Total				

11. *Total monetary value of contribution by partners in the LLP (in Rs.)

(in figures)

(in words)

12. *We, the several partners whose names are subscribed below, are desirous of being formed into a LLP for carrying on a lawful business with a view to profit and have entered or agreed to enter into a LLP agreement in writing. We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated at serial number 8 or 9 against our respective names.

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

Name of each partner	Designation (Designated Partner / Partner)	Signature of Designated Partner / Partner/ Nominee of body corporate	Name, address and profession (along with professional membership number) of witness	Signature of witness

Attachments

1. Where the appointed partner is a body corporate, copy of Resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/authorization of such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.
2. Proof of address of Registered Office of Limited Liability Partnership.
3. Subscriber Sheet in the format given in column 12.
4. Attachments in respect of details of individuals as partner(s) / bodies corporate as partner(s) where the number exceeds ten/five respectively.
5. In principle approval of regulatory authority, if required.
6. Optional attachment.

List of attachments

Attach

Attach

Attach

Attach

Attach

Attach

Remove Attachment

Part B

Statement

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

I Son Daughter Wife of

do state as under:

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

***To be digitally signed by a Designated Partner**

***DPIN**

Date:

Place:

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

I Son Daughter Wife of

do state as under: (i) that I am

- an Advocate
- a Company Secretary in whole time practice
- a Chartered Accountant in whole time practice
- a Cost Accountant in whole time practice

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

(name of regulatory body) is (membership number);

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

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

***To be digitally signed by a Advocate / Company Secretary / Chartered Accountant / Cost Accountant in practice.**

Date:

Place:

For office use only

eForm Service Request Number (SRN):

eForm Filing Date:

This e-form is hereby registered

**Digital Signature of the
authorizing officer**

Submit to BO

Date of signing:

Form 3 Information with regard to Limited Liability Partnership Agreement and changes, if any, made therein

[See rule 21(1)&(2)]

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

This form is for

- Filing information with regard to LLP Agreement
- For information with regard to changes in LLP Agreement

1. *LLPIN Pre-fill

2. *Name of the LLP

3. *Address of registered office of the LLP

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

*Phone (with STD code) Fax (with STD code)

*Email Id

Part A - For filing information with regard to LLP Agreement

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

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

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

5. *Business activities to be carried on by the LLP, on incorporation

6. *Obligation to contribute

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

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

SNo	Name of partner	Designation (Partner / Designated Partner)	Nature and specification of contribution	Monetary value of contribution	% of profit sharing

(ii) *Total monetary value of partner's contribution in the LLP (in Rs.)

(in figures)

(in words)

For fields 7 to 16, if the information to be provided is more than the space provided, then attach the information in a separate sheet

7.*Mutual Rights and Duties of Partners

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

9. *Management and Administration of LLP

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

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

10.*Details of indemnity clause, if any

11.*Details of agreement relating to

(a) admission of a new partner

(b) retirement of a partner

(c) cessation of a partner

(d) expulsion of a partner

(e) resignation of a partner

12.*Clause relating to resolution of disputes

(a) between the partners

(b) between the partner and the LLP

13. Information relating to duration of LLP, if any

14.*Information relating to voluntary winding up

15.*Information of clauses in the agreement:

(a) relating to rule 16 (2)

(b) relating to rule 17(1)

(c) relating to rule 20(1)

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

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

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

17.*Date of modification of the agreement (DD/MM/YYYY)

18.*Whether change in agreement is on account of

- Change in business activities
- Change in partner's contribution and % of profit sharing
- Change in details pertaining to each field at serial number 7 to 16

19(a).*Description of existing business activities

(b).*Description of business activities, after change

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

20(a)Details of changes of each partner's obligation to contribute money or property or other benefit or to perform services and their profit sharing ratio

SNo	Name of partner	Designation (Partner / Designated Partner)	Nature and specification of contribution	Monetary value of contribution (in Rs)	% of profit sharing

(b) Details of each partner's obligation to contribute money or property or other benefit or to perform services and their profit sharing ratio, after above change

SNo	Name of partner	Designation (Partner / Designated Partner)	Nature and specification of contribution	Monetary value of contribution (in Rs)	% of profit sharing

(c). *Total monetary value of contribution, after changes (in Rs) (in figures)

(a) Existing	<input type="text"/>
(b) Addition	<input type="text"/>
(c) Reduction	<input type="text"/>
(d) Total (a+b-c)	<input type="text"/>
(e) Total (in words)	<input type="text"/>

21. Change in details pertaining to each field at serial number 7 to 16 separately

Attachments

List of attachments

- 1. Initial LLP Agreement
- 2. Supplementary LLP Agreement containing changes
- 3. Optional Attachment

Attach
Attach
Attach

Remove Attachment

Statement

I Son Daughter Wife of
 do state as under:

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

***To be digitally signed by a Designated Partner**

*DPIN

Date:

Place:

Certificate

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

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

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

Whether associate or fellow Associate Fellow

Membership Number or Certificate of Practice Number

***To be digitally signed by a Company Secretary / Chartered Accountant / Cost Accountant in practice.**

Date:

Place:

For office use only

eForm Service Request Number (SRN):

eForm Filing Date:

This e-form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

Date of signing:

Form 4

[See rule 8, 10(8),
22(2) and 22(3),
25(3)(c)]

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

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

Part A - Notice of appointment, cessation, change in name / address / designation of a partner / designated partner, intimation of DPIN

1. *LLPIN

 Pre-fill

2. *Name of the LLP

3. *Address of registered office of the LLP

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
*Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
*Email Id	<input type="text"/>		

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

In case the number is more than ten, attach details in respect of the remaining in a separate sheet as an attachment (First, enter details in respect of designated partners)

(i) The form is being filed for

- Appointment Cessation Change in name of the partner/designated partner
 Change in designation Change in address

(ii) Date of Event:

 (DD/MM/YYYY)

(iii) *Name

(iv) *Category of partner

(v) DPIN in case of Designated partner

(vi) *Whether resident in India

 Yes No

(vii) *Nationality

(viii) * Father's Husband's Name

(ix) Changed name

(x) Changed designation
(Category)

(xi) DPIN in case changed to Designated partner

(xii) SRN of Form 10

(Please give address and other details of the designated partner(s)/partner(s) in case of appointment and change in address in the addendum to this Form)

5.*Details in respect of bodies corporate as partners and their nominees

In case the number is more than five, attach details in respect of the remaining in a separate sheet as an attachment (First, enter details in respect of designated partners)

- (i)*The form is being filed for
 Appointment Cessation Change in name of body corporate
 Change in designation Change in address Change in nominee

(ii)*Date of Event: (DD/MM/YYYY)

(iii)*Type of body corporate

(iv) *Identification Number (Drop Down)

(v)*Name of body corporate

(vi) Changed Name of body corporate

(vii)*Country where registered

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

(viii)*Name

(ix)*Category

(x) DPIN in case of Designated partner

(xi) *Whether resident in India Yes No

(xii)*Nationality

(xiii)* Father's Husband's Name

(xiv)Changed name

(xv)Changed designation (Category)

(xvi) DPIN in case changed to Desingated partner

(xvii) SRN of Form 10

(Please give address and other details of the designated partner(s)/partner(s) in case of appointment,change in address and change in nominee in the addendum to this Form)

6.*Summary of designated partner(s)/partner(s) as on the date of filing the form

SNo	Category	Number of Partners	Number of Designated Partners		Total
			Resident in India	Others	
(i)	Individuals				
(ii)	LLPs				
(iii)	Companies				
(iv)	LLPs incorporated outside India				
(v)	Companies incorporated outside India				
	Total				

Part B - Consent of partners / designated partners

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

(a) in the case where the partner is an individual

I [] hereby give my consent to become a
 partner designated partner of the []

(name of the LLP) pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008.

I also hereby undertake to contribute money or other property or other benefit or to perform services for LLP as per my obligations described in the LLP agreement.

(b) in the case where the partner is a body corporate

I [] hereby give my consent to act as a nominee
 nominee & designated partner on behalf of the []

(name of the body corporate) which has passed a resolution dated []

to become a partner in the [] (name of the LLP) pursuant to section 7(4)/25(3)(c) of the Limited Liability Partnership Act, 2008.

The above mentioned body corporate also hereby undertake to contribute money or other property or other benefit or to perform services for LLP as per the obligations described in the LLP agreement.

Attachments

- 1.Consent to act as partner/designated partner Attach
- 2.Evidence of cessation. Attach
- 3.Affidavit or any other proof of change of name Attach
- 4.Where the appointed partner is a body corporate, copy of Resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/authorization of such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf. Attach
- 5.Attachments in respect of details of individuals/bodies corporate where the number exceeds ten/five. Attach
- 6.Optional Attachment Attach

List of attachments

[Empty box for listing attachments]

Remove Attachment

Statement

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

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

***To be digitally signed by a Designated Partner**

[Signature box]

***DPIN**

[DPIN box]

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

Date: []

Place: []

Certificate

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

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

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

Whether associate or fellow Associate Fellow

Membership Number or Certificate of Practice Number

***To be digitally signed by a Company Secretary / Chartered Accountant / Cost Accountant in practice.**

Date:

Place:

For office use only

eForm Service Request Number (SRN):

eForm Filing Date:

This e-form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

Date of signing:

Addendum to Form 4

Particulars of addresses and other details of partners/designated partners

1. *Number of individual designated partners/partners for which this form is being filed

In case the number is more than ten, attach details in respect of the remaining in a separate sheet as an attachment (First, enter details in respect of designated partners)

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

(i) The addendum is being filed in the case of Appointment Change in address

(ii) Date of Event: (DD/MM/YYYY)

(iii) *Name

(iv) *Category

(v) DPIN in case of Designated partner

(vi) *Whether resident in India Yes No

(vii) *Nationality

(viii) * Father's Husband's Name

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

(x) *Occupation

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

(xii) Passport Number

(xiii) *Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(xv) If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

2.*Details in respect of bodies corporate as partners and their nominees

In case the number is more than five, attach details in respect of the remaining in a separate sheet as an attachment (First, enter details in respect of designated partners)

(i)*The addendum is being file in case of

Appointment Change in address Change in nominee

(ii)*Date of Event: (DD/MM/YYYY)

(iii)*Type of body corporate

(iv) * Identification Number (Drop Down)

(v)*Name of body corporate

(vi)*Country where registered

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

(vii)*Name

(viii)*Category

(ix) DPIN in case of Designated Partner

(x) *Whether resident in India Yes No

(xi)*Nationality

(xii)* Father's Husband's Name

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

(xiv) *Occupation

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

(xvi) Passport Number

(xvii) *Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(xix) If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

Attachments

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

Attach

Attach

Attach

List of attachments

Remove Attachment

Statement

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

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

***To be digitally signed by a Designated Partner**

*DPIN

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

Date:

Place:

Certificate

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

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

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

Whether associate or fellow Associate Fellow

Membership Number or Certificate of Practice Number

***To be digitally signed by a Company Secretary / Chartered Accountant / Cost Accountant in practice.**

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

For office use only

eForm Service Request Number (SRN):

eForm Filing Date:

This e-form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

Date of signing:

Form 5

[See rule 20(2)]

Notice for change of name

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

1. *LLPIN

Pre-fill

2. (a) *Name of the LLP

(b) *Address of registered office of the LLP

*Line 1

*Line 2

*City

District

*State

*Pin Code

*Country

*ISO Country Code

Phone
(with STD code)

Fax
(with STD code)

*Email Id

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

if yes, mention new/changed
business of LLP

if no, give other reasons
for change of name

4. *Whether change in name is based on the procedure laid down in the LLP agreement
 with consent of all partners

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

6. *Approved name

7. *Date of compliance of sub-rule(1) of rule 20

(DD/MM/YYYY)

Attachments

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

Attach

Attach

Attach

Attach

List of attachments

Remove Attachment

Statement

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

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

***To be digitally signed by a Designated Partner**

***DPIN**

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

Date:

Place:

Certificate

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

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

Whether associate or fellow Associate Fellow

Membership Number or Certificate of Practice Number

***To be digitally signed by a Company Secretary / Chartered Accountant / Cost Accountant in practice.**

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

For office use only

eForm Service Request Number (SRN):

eForm Filing Date:

This e-form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

Date of signing:

Form 6

[See rule 22(1)]

Intimation of particulars of name and address of a partner / change in such particulars by a partner to the LLP

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

1.*This form is being filed for intimating to the LLP Particulars Change in particulars

2.Type of partner: Individual Body Corporate

Part A

3. In case of partner is an individual

- (i)Applicant's name
- (ii) Father's Husband's Name
- (iii)*Whether citizen of India Yes No
- (iv)*Nationality
- (v)*Whether resident in India Yes No
- (vi)*Date of Birth (DD/MM/YYYY)
- (vii)*Gender Male Female
- (viii)*Income-tax permanent account number (PAN)
- (ix)Voter's identity card number
- (x)Passport Number
- (xi)Others (Please specify)

(xii)*Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(xiv)(a)*Number of LLPs in which he is a partner

(a) Name: (b) LLPIN:

(c) Address of the LLP

(b)*Number of companies in which he is a director

(a) Name: (b) CIN:

(c) Address of the company

Part B

4. In case partner is a body corporate

(i) *Type of body corporate

(ii) * Identification Number (Drop Down)

(iii) *Country where registered

(iv) *Full address of registered office

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
Mobile	<input type="text"/>		

If the body corporate is already a partner of limited liability partnership (LLP), specify the following. (In case partner in more than five LLP(s), attach separate sheet as an attachment).

(v)(a)*Number of LLPs in which the body corporate is a partner

(a) Name: (b) LLPIN:

(c) Address of the LLP

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

(a) *Name

(b) *Designation & Authority

(c) * Father's Husband's Name

(d) *Nationality

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

(f) *Occupation

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

(h) Passport Number

(i) *Whether resident in India Yes No

(j) *Permanent Residential Address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

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

(l) If no, present residential address

*Line 1

Line 2

*City District

*State *Pin Code

*Country *ISO Country Code

Phone (with STD code) Fax (with STD code)

Mobile *Email Id

Part C

5. Intimation of change in particulars relating to name and/or address of the partner

(i) SRN of Form 10

(ii) Particulars in respect of change of name

Changed Name

(iii) Particulars in respect of change of address

(a) *Permanent Residential Address

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
Mobile	<input type="text"/>	*Email Id	<input type="text"/>

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

(i) If no, present residential address

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
Mobile	<input type="text"/>	*Email Id	<input type="text"/>

The following documents in support of the above are enclosed

Statement

I son/daughter of

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

Signature of the applicant

Date:

Place:

Form 7

[See rule 10]

Application for allotment of Designated Partner Identification Number

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

1. DIN (if allotted)

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

Affix a latest passport size photograph.

3 *Whether nominee of a body corporate Yes No

If Yes, the details of the body corporate

(i) Type of body corporate

(ii) Identification Number (Drop Down)

(iii) *Name of body corporate

(iv) Address of the registered office of the body corporate

*Line 1

*Line 2

*City

District

*State

*Pin Code

*Country

*ISO Country Code

Phone (with STD code)

Fax

*Email Id

4. *Whether resident in India Yes No

5. *Nationality

6. *Occupation

7. *Date of Birth

(DD/MM/YYYY)

8. *Gender

9. *Place of birth

10* Father's Husband's Name

11.* Provide valid number of atleast one of the following (refer column 14 & general guidelines):

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

(ii) Voter's identity card number

(iii) Passport Number

(iv) Driving licence number

12. *Permanent Residential Address

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
Mobile	<input type="text"/>	*Email Id	<input type="text"/>

13. *Whether present residential address is same as the permanent residential address: Yes No

If no, present residential address

*Line 1	<input type="text"/>		
Line 2	<input type="text"/>		
*City	<input type="text"/>	District	<input type="text"/>
*State	<input type="text"/>	*Pin Code	<input type="text"/>
*Country	<input type="text"/>	*ISO Country Code	<input type="text"/>
Phone (with STD code)	<input type="text"/>	Fax (with STD code)	<input type="text"/>
Mobile	<input type="text"/>	*Email Id	<input type="text"/>

14. *Proof of identity & Residence

Proof of Identity along with photo and signature
Tick against the document being attached
(details of which given in column 11)

- Passport
- Election (voter identity) card
- Driving licence
- Income-tax PAN card

Proof of residence

Tick against the document being attached
(furnish any of the following)

- Passport
- Election (voter identity) card
- Ration card
- Driving licence
- Electricity bill
- Telephone bill
- Bank account statement
- Others-Please specify

Attachments

- 1) Proof of Identity
- 2) Proof of residence
- 3) Attested Photo & Signatures
- 4) Optional Attachment

Attach
Attach
Attach
Attach

List of attachments

Remove Attachment

Statement

I Son Daughter of

resident of

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

To be digitally signed by Applicant

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

General Guidelines for DPIN Applications

1. Filing of DPIN application

Every individual or nominee of a body corporate who is intending to be appointed as designated partner of a Limited Liability Partnership shall submit an application electronically to the Central Government for allotment of Designated Partner Identification Number.

2. Attestation/Certification of proof of identity, residence, photograph and signature of the applicant

(i) For making an application, the applicant shall attach (a) attested or certified copy of the proof of identity containing self-photograph, date of birth and father's name; (b) attested or certified copy of the proof of residence; (c) attested recent self photograph pasted on a plain paper and mentioning on that paper his or her name and affixing his or hers two signatures thereon.

(ii) In case the applicant is a foreign national, a copy of the valid passport shall be proof of identity.

(iii) In case the applicant is nominee of a body corporate, a copy of resolution/authorization on the letterhead of the body corporate mentioning the name and address of an individual nominated to act as designated partner on its behalf shall also be attached.

3. Authorities for attestation/certification

(i) (a) Gazetted officer of the Central or State Government

(b) Notary Public

(c) Company Secretary, Chartered Accountant, Cost & Works Accountant holding a certificate of practice under the Company Secretaries Act, 1980, Chartered Accountants Act, 1949, and the Cost & Works Accountants Act, 1959.

(ii) In the case of foreign nationals residing outside India or foreign body corporate(s) registered outside India, the documents referred in para 2 above, shall be duly certified and the provisions of sub-rule(2) of rule 34 of LLP rules shall apply mutatis mutandis for this purpose. (copy of sub-rule(2) of rule 34 is available in the instruction kit)

4. Particulars of the attesting/certifying authority

The attesting authority must indicate the following while attesting the documents: (i) Name in full in capitals of the attesting authority, (ii) Registration Number and (iii) Name of the ministry/department where the Gazatted officer is employed, (iv) Seal/Stamp

5. Language of proofs for identity and residence

In case the proof of identity and proof of residence is in a language other than Hindi or English, a certified copy of translation of the same in Hindi or English shall be attached.

6. Father's Name

In case the proof of identify does not indicate the father's name then additional proof of father's name, duly certified /attested, should be attached.

7. Proof of residence

In case the addresses given in column 12 & 13 are different, then please attach proof of residence for both the addresses. Further, in case proof of identity attached matches with the addresses given in column 12 & 13, then separate proof of residence need not be attached.

For Office use only

eForm Service Request Number (SRN):

eForm Filing Date:

Designated Partner's Identification
Number (DPIN):

- This e-form is hereby approved
- This e-form is hereby rejected

**Digital Signature of the
authorizing officer**

Submit to BO

Date of signing:

[F No 2/13 /2009 CL.V]

**Renuka Kumar,
Joint Secretary.**

Note: The principal rules were published vide number G.S.R. 229 (E), dated 1st April, 2009 and was last amended vide number G.S.R 385(E) dated 4th June, 2009.