

# LLP Form 4A (Addendum)

Notice of appointment, cessation, change in particulars of designated partners or partners of Limited Liability Partnership.

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

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

1. \*Limited Liability Partnership identification number (LLPIN)

2. Name of the Limited Liability Partnership (LLP)

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

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

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

(c) Changed designation (Category)

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

(e) \*Designated partner identification number (DPIN)

(f) Name

(g) Father's Name

(h)(i) Permanent residential address

(h)(ii) Present residential address

(i) Nationality

(j) Whether resident of India ☐ Yes ☐ No

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

(l) \*Occupation

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

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

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

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

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

- (a) \*The form is being filed for ☐ Appointment ☐ Cessation ☐ Change in name of partner  
☐ Change in designation ☐ Change in address

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

(c) \* ☐ Income tax permanent account number  
(Income-tax PAN) or ☐ Passport number or ☐ DPIN

(d) \*Name of partner

(e) \*Father's Name

(f) \*Permanent Residential Address

Line I

Line II

\*City

\*District

\*State

\*Pin code

ISO country code

\*Country

(g) \*Whether present residential address is same as the permanent residential address

☐ Yes

☐ No

(h) \*If no, present residential address:

Line I

Line II

\*City

\*District

\*State

\*Pin code

\*Country

ISO country code

Phone

Fax

\*e-mail ID

(i) \*Previous name/  
previous address

(j) \*Whether resident in India

☐ Yes

☐ No

Mobile

(k) \*Nationality

(l) \*Date of Birth

(DD/MM/YYYY)

(m) \*Occupation

(n) Changed designation (Category)

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

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

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

(a) \*The form is being filed for

- ☐ Appointment      ☐ Cessation      ☐ Change in nominee      ☐ Change in designation  
☐ Change in address of body corporate      ☐ Change in name of Nominee      ☐ Change in name of body corporate  
☐ Change in address of nominee

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

(c) \*Type of body corporate

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

(e) \*Name of the  
body corporate

(f) \*Country where registered

(g) \*Full address of the  
registered office

ISO country code

Phone

Fax

\*e-mail ID

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

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

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

(ii) \*Name of Nominee

(iii) \*Father's Name

(iv) \*Permanent Residential Address

\*Line I

Line II

\* City

\* District

\* State

Pin code

ISO country code

\* Country

(v) \*Whether present residential address is same as the permanent residential address

☐ Yes

☐ No

(vi) \*If no, present residential address:

\*Line I

Line II

\*City

\* District

\* State

\* Pin code

\* Country

ISO country code

Phone

Fax

\*e-mail ID

(vii) Previous name/  
Previous address

(viii) \* Whether resident in India

☐ Yes

☐ No

(ix) \* Nationality

(x) \* Date of Birth

(DD/MM/YYYY)

(xi) \* Occupation

(xii) \* Designation & Authority  
in body corporate

(xiii) Changed designation (Category)

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

(xv) Name of the previous  
nominee

7. \*Whether addendum to eForm 4 is required to be filed (refer instruction kit for details)

☐ Yes

☐ No

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

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

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

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

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

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

**Attachments**

List of attachments

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

**Statement**

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

\* To be digitally signed by a designated partner

\*DPIN of the designated partner

**Certificate**

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

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

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

\* Whether associate or fellow ☐ Associate ☐ Fellow

\* Membership number or certificate of practice number

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**OR****For office use only:**

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

**Digital signature of the authorising officer**

This e-Form is hereby registered

Date of signing

(DD/MM/YYYY)