



(Form for incorporation of Limited Liability Partnership)

[Pursuant to rule 8 and rule 11 and rule 18 of Limited Liability Partnership Rules, 2009]

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

Part A: Incorporation document

*Whether name is already approved by Registrar of Companies ☐ Yes ☐ No

1. Service Request Number (SRN) of **RUN-LLP**

Pre-fill

2 *(a) New Incorporation / Conversion

(b) CIN

3. *Address of registered office of the LLP

* Line 1

Line II

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*City

*District

*State *Pin code

*Country ISO Country code

Phone Fax

*e- mail ID

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

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

(Note: In case business activities consists of banking, insurance, venture capital, mutual fund, stock exchange, asset management, architect, architecture, merchant banking, securitization and reconstruction, chit fund and non banking financial activities, a copy of the in-principle approval of the regulatory authority should be attached)

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

Description of main division of industrial activity

7 (a) *Total number of designated partners and partners of the LLP

	Having valid DIN/DPIN	Not having valid DIN/DPIN
Total number of Designated Partners (individual + nominees of bodies corporate)		
Number of individual designated partners		
Number of designated partners who are nominees of bodies corporate		
Total number of Partners (individual + body corporate)		
Number of individual partners		
Number of bodies corporate partners		

(b) Particulars of individual designated partners

*Designated partner identification number (DIN/DPIN)		<input type="text"/>	Pre-Fill
*Name <input type="text"/>			
*Gender	<input type="text"/>	Date of Birth	<input type="text"/> *Nationality <input type="text"/>
*Whether resident of India		O Yes O No	
*Occupation	<input type="text"/>		
*email ID	<input type="text"/>		
In case of company seeking conversion			
(i) Number of shares held	<input type="text"/>	(i) Paid up value of shares held (in Rs)	<input type="text"/>
*Form of contribution	<input type="text"/>		
*Monetary value of contribution (in Rs.)	<input type="text"/>		
	(in words) <input type="text"/>		
*Number of LLP(s) in which he/ she is a partner	<input type="text"/>		
*Number of company(s) in which he/ she is a director	<input type="text"/>		

*First Name	<input type="text"/>		
Middle Name	<input type="text"/>		
*Surname	<input type="text"/>		
*Father's first name	<input type="text"/>		
Father's middle name	<input type="text"/>		
*Father's surname	<input type="text"/>		
*Gender	<input type="text"/>	*Date of Birth	<input type="text"/> *Nationality <input type="text"/>
*Place of Birth	<input type="text"/>		
*Whether citizen of India		o Yes o No	
*Whether resident in India		o Yes o No	
*Occupation type o Self Employed o Professional o Homemaker o Student o Serviceman			
*Area of Occupation	<input type="text"/>		
If 'Others' selected, please specify	<input type="text"/>		
*Educational Qualification	<input type="text"/>		
* <input type="checkbox"/> PAN <input type="checkbox"/> Passport number	<input type="text"/>	Verify Details	
*email ID	<input type="text"/>		
Permanent Address	<input type="text"/>		
*Line I	<input type="text"/>		
Line II	<input type="text"/>		
*City	<input type="text"/>		
* State/ Union Territory	<input type="text"/>	Pin code	<input type="text"/>
<input type="text"/>	<input type="text"/>		

*ISO Country code	Country	
*Phone (with STD/ISD code)		
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No		
Present address		
*Line I		
Line II		
*City		
*State/ Union Territory		Pin code
*ISO Country code		Country
*Phone (with STD/ISD code)		
*Duration of stay at present address		Years <input type="text"/> Months <input type="text"/>
If Duration of stay at present address is less than one year then address of previous residence		
*Proof of identity		*Residential Proof
Voter's identity card number		
Driving license number		
Aadhaar Number		
Submit the proof of identity and proof of address under attachments.		
In case of company seeking conversion		
(i) Number of shares held		(i) Paid up value of shares held (in Rs)
*Form of contribution		
*Monetary value of contribution (in Rs.)		
(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

I	*Type of body corporate	
	* 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) any other registration number	<input type="text"/> Pre-Fill
	*Name of the body corporate	
Registered office address or Principal place of business in India or Principal place of business outside India		

*Line I			
Line II			
*City			
*State /Union Territory		*Pin code	
*ISO Country code			
Country			
*Phone (With STD/ISD code)		-	
Fax			
*email id			

In case of company seeking conversion

(i) Number of shares held (ii) Paid up value of shares held (in Rs)

*Form of contribution

*Monetary value of contribution (in Rs.)

(in words)

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

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

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

*Designated partner identification number (DIN/DPIN)

*Name

*Gender Date of Birth Nationality

*Whether resident of India O Yes O No

*Occupation

*email ID

*Designation & Authority in body corporate

I	*Type of body corporate <input style="width: 150px;" type="text"/>	
	* 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) any other registration number	<input style="width: 150px;" type="text"/> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Pre-Fill</div>
	*Name of the body corporate <input style="width: 750px;" type="text"/>	
	Registered office address or Principal place of business in India or Principal place of business outside India	
	*Line I <input style="width: 700px;" type="text"/>	
	Line II <input style="width: 700px;" type="text"/>	
	*City <input style="width: 700px;" type="text"/>	
	*State /Union Territory <input style="width: 150px;" type="text"/>	*Pin code <input style="width: 100px;" type="text"/>
	*ISO Country code <input style="width: 40px;" type="text"/>	
	Country <input style="width: 700px;" type="text"/>	
	*Phone (With STD/ISD code) <input style="width: 60px;" type="text"/> - <input style="width: 200px;" type="text"/>	
	Fax <input style="width: 250px;" type="text"/>	
	*email id <input style="width: 700px;" type="text"/>	
	In case of company seeking conversion	
	(i)Number of shares held <input style="width: 100px;" type="text"/>	i) Paid up value of shares held (in Rs) <input style="width: 100px;" type="text"/>
	*Form of contribution <input style="width: 100px;" type="text"/>	
	*Monetary value of contribution (in Rs.) <input style="width: 100px;" type="text"/>	
	(in words) <input style="width: 100px;" type="text"/>	
	*Number of LLP(s) in which he/ she is a partner <input style="width: 100px;" type="text"/>	
	*Number of company(s) in which he/ she is a director <input style="width: 100px;" type="text"/>	
	Name and particulars of the person signing on behalf of the body corporate as nominee	
	*First Name <input style="width: 600px;" type="text"/>	
	Middle Name <input style="width: 600px;" type="text"/>	
	*Surname <input style="width: 600px;" type="text"/>	
	*Father's first name <input style="width: 600px;" type="text"/>	
	Father's middle name <input style="width: 600px;" type="text"/>	
	*Father's surname <input style="width: 600px;" type="text"/>	
	*Gender <input style="width: 100px;" type="text"/>	*Date of Birth <input style="width: 100px;" type="text"/>
	Nationality <input style="width: 50px;" type="text"/>	
	*Place of Birth <input style="width: 600px;" type="text"/>	
	*Whether citizen of India <input type="radio"/> Yes <input type="radio"/> No *Whether resident in India <input type="radio"/> Yes <input type="radio"/> No	
	*Occupation type <input type="radio"/> Self Employed <input type="radio"/> Professional <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Serviceman	
	*Area of Occupation <input style="width: 400px;" type="text"/>	

If 'Others' selected, please specify <input style="width: 400px;" type="text"/>	
*Educational Qualification <input style="width: 350px;" type="text"/>	
* <input type="checkbox"/> PAN <input type="checkbox"/> Passport number <input style="width: 150px;" type="text"/>	<input type="button" value="Verify Details"/>
*email ID <input style="width: 400px;" type="text"/>	
Permanent <input style="width: 600px;" type="text"/>	
*Line I <input style="width: 600px;" type="text"/>	
Line II <input style="width: 600px;" type="text"/>	
*City <input style="width: 600px;" type="text"/>	
* State/ Union Territory <input style="width: 150px;" type="text"/>	Pin code <input style="width: 100px;" type="text"/>
*ISO Country code <input style="width: 50px;" type="text"/>	Country <input style="width: 350px;" type="text"/>
*Phone (with STD/ISD code) <input style="width: 100px;" type="text"/> <input style="width: 200px;" type="text"/>	
*Whether present residential address same as permanent residential address <input type="radio"/> Yes <input type="radio"/> No	
Present address	
*Line I <input style="width: 600px;" type="text"/>	
Line II <input style="width: 600px;" type="text"/>	
*City <input style="width: 600px;" type="text"/>	
*State/ Union Territory <input style="width: 150px;" type="text"/>	Pin code <input style="width: 100px;" type="text"/>
*ISO Country code <input style="width: 50px;" type="text"/>	Country <input style="width: 350px;" type="text"/>
*Phone (with STD/ISD code) <input style="width: 100px;" type="text"/> <input style="width: 200px;" type="text"/>	
*Duration of stay at present address <input style="width: 50px;" type="text"/> Years <input style="width: 50px;" type="text"/> Months	
If Duration of stay at present address is less than one year then address of previous residence	
<input style="width: 650px;" type="text"/>	
*Proof of identity <input style="width: 200px;" type="text"/>	*Residential Proof <input style="width: 150px;" type="text"/>
Voter's identity card number <input style="width: 150px;" type="text"/>	
Driving license number <input style="width: 150px;" type="text"/>	
Aadhaar Number <input style="width: 150px;" type="text"/>	
Submit the proof of identity and proof of address under attachments.	

(d). Particulars of individual partner(s)

*O Income tax permanent account number <input style="width: 150px;" type="text"/>	<input type="button" value="Verify Income Tax PAN/Pre -Fill"/>
(Income-tax PAN) or O Passport number or O DIN/ DPIN	
*Name of partner <input style="width: 300px;" type="text"/>	

*Father's Name	<input type="text"/>		
*Nationality	<input type="text"/>		
*Whether resident of India	O Yes O No		
*Date of Birth	<input type="text"/> (DD/MM/YYYY)		
*Occupation	<input type="text"/>		
* Permanent Residential Address			
* Line I	<input type="text"/>		
Line II	<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"/>
*Whether present residential address is same as the permanent residential address O Yes O No			
*If no, present residential address:			
* Line I	<input type="text"/>		
Line II	<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	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>		
* e mail ID	<input type="text"/>		
In case of company seeking conversion			
(i)Number of shares held	<input type="text"/>	(ii) Paid up value of shares held (in Rs)	<input type="text"/>
*Form of contribution	<input type="text"/>		
*Monetary value of contribution (in Rs.)	<input type="text"/>		
(in words).	<input type="text"/>		
*Number of LLP(s) in which he/ she is a partner(m)	<input type="text"/>		
*Number of company(s) in which he/ she is a director	<input type="text"/>		

(e) Particulars of bodies corporate as partner(s)

*Type of body corporate	<input type="text"/>	
* CIN or FCRN or LLPIN or FLLPIN or any other identification number	<input type="text"/>	<input type="button" value="Pre-fill"/>
*Name of body corporate	<input type="text"/>	
	<input type="text"/>	

*Country where Registered			
*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"/>	
In case of company seeking conversion			
(i) Number of shares held		(ii) Paid up value of shares held (in Rs.)	
<input type="text"/>		<input type="text"/>	
*Form of contribution		<input type="text"/>	
*Monetary value of contribution (in Rs.)		<input type="text"/>	
(in words)		<input type="text"/>	
Name and particulars of the person signing on behalf of the body corporate as nominee			
* O Income tax permanent account number		<input type="text"/>	
(Income-tax PAN) or O Passport number or O DIN/ DPIN		<div style="border: 1px solid black; padding: 2px; text-align: center;"> Verify Income Tax PAN/Pre -Fill </div>	
*Name of Nominee		<input type="text"/>	
*Father's Name		<input type="text"/>	
*Nationality		<input type="text"/>	
*Whether resident of India		O Yes O No	
*Date of Birth		<input type="text"/> D/MM/YYYY)	
*Occupation		<input type="text"/>	
Designation & Authority in body corporate		<input type="text"/>	
* Permanent Residential Address			
* Line I		<input type="text"/>	
Line II		<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"/>
*Whether present residential address is same as the permanent residential address O Yes O No			
*If no, present residential address:			
* Line I		<input type="text"/>	
Line II		<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 cod	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
Mobile	<input type="text"/>		
* e-mail ID	<input type="text"/>		

8.*Particulars of the proposed or approved name

9.	Proposed or approved name	<input type="text"/>
	Significance of abbreviated or coined word in the proposed name	<input type="text"/>
	State the name of the vernacular language(s) if used in the proposed name and meaning thereof	<input type="text"/>

(a) Whether the proposed name is based on a trademark registered or is 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

<input type="text"/>

10.*Total monetary value of contribution by partners in the LLP

(in Rs.) (in figures)

<input type="text"/>

(in words)

<input type="text"/>

11.*Whether addendum to FiLLiP is required to be filed (refer instruction kit for details) ☐ Yes ☐ No

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 earn profit and have entered or agreed to enter into a LLP agreement in writing.

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

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

(Attach details in respect of names of partners/ nominees/ witnesses and their signatures in the below format as Subscribers' sheet attachment)

Name of each partner/ designated partner/ nominee/ nominee & designated partner	Designation (Designated Partner / Partner/ nominee/nominee & designated partner)	Signature of partner/ designated partner/ nominee/ nominee & designated partner	Name, address and profession (along with professional membership number) of witness	Signature of witness

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

- 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 a letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.
- *Proof of address of registered office of LLP.
- *Subscribers' sheet including consent.
- In principle approval of regulatory authority, if required.
- Detail of LLP(s) and/ or company(s) in which partner/ designated partner is a director/ partner.
- Approval of the owner of the trademark or the applicant of such application for registration of Trademark;
- Copy of approval in case the proposed name contains any word(s) or expression(s) which requires approval from central government;
- Copy of approval from the competent authority in case of collaboration and connection with the foreign country or place
- Proof of identity and address of Applicant I
- Proof of identity and address of Applicant II
- Copy of Board resolution of the existing company or consent of existing LLP as a proof of no objection
- Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

Attach

Attach

Attach

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. I further confirm that the proposed name is not undesirable, identical or too nearly resembles to that of

any other partnership firm or limited liability partnership or body corporate or a registered trade mark or a trade mark which is subject of an application for registration of any other person under the Trade Marks Act, 1999.

Part B: Statement

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

I, the designated partner of the LLP do state that

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

To be digitally signed
by a designated partner

DSC BOX

*DIN/DPIN/PAN of the designated partner

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

I

O Son O Daughter of

do state that

- (i) I am
- ☐ Advocate
 - ☐ Cost Accountant in whole time practice
 - ☐ Chartered Accountant in whole time practice
 - ☐ Company Secretary in whole time practice

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

(name of regulatory body) is

(certificate of practice number in case of company secretary/ membership number in all other cases)

- (ii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;
- (iii) I make this statement conscientiously believing the same to be true

*Whether associate or fellow ☐ Associate ☐ Fellow

DSC BOX

Modify

Check Form

Prescrutiny

For office use only:

E form Service request number (SRN)

e Form filing date

DD/MM/YYYY

Digital signature of the Authorizing officer

This e-Form is hereby approved

DSC BOX

This e-Form is hereby rejected

DSC BOX

Confirm Submission

Date of signing

(DD/MM/YYYY)

”;