LLP FORM NO.17

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



Application and statement for the conversion of a firm into Limited Liability Partnership (LLP)

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

Part A: Application			
1. Service Request Number of RUN-LLP			
2. Name of the Limited Liability Partnership LLP			
3. * Name of the firm			
4. Principal address of the firm * Line I Line II			
*City *District *Pin code			
*Country Code ISO Country code			
Phone Fax			
*e- mail ID			
5.(a)*Whether the firm is registered under the Partnership Act,1932. O Yes O No			
If yes, date of registration (DD/MM/YYYY) Registration No.			
If no, whether the firm is registered under any other law O Yes O No If yes, the name of the Statute under which registered			
If yes, date of registration (DD/MM/YYYY) Registration No.			
(b)*Date of agreement by which firm was formed [DD/MM/YYYY)			
6.*Total number of partners in the firm			
7.*Total capital contribution in the firm (in Rs.)			

8. Total number of partners in t	he LLP		
9.* Whether all the partners of into the limited liability pa			firm O Yes O No
10. *Whether all the partners of shareholders of the compa		tnership comprise all the	O Yes O No
11. *Whether up to date Incom	e-tax return is filed unde	er the Income-tax Act, 1961.	O Yes O No
If Yes, indicate the financial ye	ear end date upto which	such return has been filed	
(DD/MM/YYYY)			
12. *Whether any proceeding b or Tribunal or any other Aut		y is pending in any Court	O Yes O No
If yes, particulars of such pr	oceedings in the followi	ng manner	
Number of proceedings			
Name of Court/Tribunal/ Authority			
Particulars			
 *Whether any earlier application partnership was refused by lf yes, give SRN of earlier For 	the Registrar.		ility O Yes O No
	The Francisco Teasons Te		
(a) SRN			
(b) Reasons for refusal of ear	lier Form 17:		
		÷	
14.*Whether any conviction, rul authority in favour of or agai	nst the firm are subsistin		O Yes O No

Number of proceeding				
Section and the title of relevant Act				
Particulars				
Name of Court/Tribunal/ Authority				
		ti de		
15(a). *Whether there are any secure	ed creditors	O Yes O No		
(b) Whether consent of all the secured creditors for conversion of the firm into limited partnership has been obtained O Yes O				
If Yes, attach the list and cons	sent of such creditors			
16. *Whether any clearance, approva company into limited liability part	I or permission for conversion of the tnership is required from any body/ authority	O Yes O No		
If Yes, whether the applicable approva authorities have been obtained.	als from the concerned body/authority or	O Yes O No		
	Part B- Statement			
Declaration □ *1. I, partner of				
registered under the Indian Partnership Act, 1932 or under				
at	(name of the p	place) in the		
State/UT of	Territory) on			
(DD/MM/YYYY) registration number document of	and also named in the i	ncorporation		
as a partner or designated partner given	ve my consent for the conversion of the said firm	n M/s		
into the limited liability partnership.				

*2. I state that I shall be personally liable (jointly and severally the liabilities and obligations of the firm which were incurred personally contract entered into prior to the conversion.		
 i) that all the requirements of the Limited Liability Partnershing thereunder have been complied with, in respect of converse company into limited liability partnership and matters prediction that all the partners of the limited liability partnership components; (iii) that all the partners of the limited liability partnership components; (iii) that the applicable clearances, approvals or permissions for liability partnership from any body/ authority have been obtained; (iv) that the consent of all the secured creditors for conversion partnership has been obtained; (v) that to the best of my knowledge and belief, the information is correct and complete. 	sion of private concedent and incident and i	ompany/ unlisted public dental thereto; rtners of the firm and no the firm into a limited belimited liability
 *Statement of consent of partners of the firm. *Statement of Assets and Liabilities of the firmy duly certified As true and correct by the Chartered Accountant in practice. Copy of acknowledgement of latest income tax return *List of all the secured creditors along with their consent to the conversion. Approval from any other body/authority. Optional attachment(s)- if any 	Attach Attach Attach Attach Attach Attach	List of Attachments
To be digitally signed by a DSC BOX designated Partner		Remove Attachment
*DIN/DPIN/PAN of the designated partner		
Certificate It is hereby certified that I have verified the above particulars from and found them to be true and correct. If further certify that all required attachment(s) have been complete ** Chartered accountant in whole-time practice Cost account Company secretary in whole-time practice	ely attached to t	this form.

*Whether associate or fellow O	Associate O Fellow	DSC BOX
*Membership number or Certific	cate of practice number	
Modify	Check Form	Prescrutiny
For office use only:		
E form Service request number (S	SRN) e Form	n filing date DD/MM/YYYY
Digital signature of the		
Authorizing officer		
This e-Form is hereby approved	DSC BOX	irm Submission
This e-Form is hereby rejected	DSC BOX	ALL CONTRACTOR OF THE PROPERTY
Date of signing	(DD/MM/Y	YYY)