

**Form 11**  
*[See rule 25(1)]*  
**Annual Return of Limited Liability Partnership**

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

\*Annual Return made upto 31<sup>st</sup> day of March of  (Year).

1. \*LLPIN
2. \*Name of limited liability partnership
3. \*Address of registered office  
\*Line I   
\*Line II   
\*City :   
\*State :   
\*ISO Country Code :   
\*Country   
\*Pin code :   
\*Phone (with STD Code):   
Fax :   
\*Email:

4. Other address if declared under section 13(2) for service of documents

- Line I   
Line II   
City :   
State :   
ISO Country Code :   
Pin code :   
Phone (with STD Code):   
Fax :

Email:

5. Date of closure of Financial Year to which the Annual Return relates  
 (DD/MM/YYYY)

6. Business classification

(with reference to one or more categories prescribed for business, trade, profession, service or occupation classification)

7. Principal business activities of the Limited Liability Partnership

8. \* Summary of partners and designated partners for whom this Form is filed.

SN	Category	Number of Partners	Number of Designated partners	Number of designated partners resident in India
(i)	Individuals			
(ii)	LLPs			
(iii)	Companies			
(iv)	LLPs incorporated outside India			
(v)	Companies incorporated outside India			
	Total			

9. Number of individual(s) as partner for  (Dynamic)

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

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

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality :

Date of appointment

Date of Cessation

Changed name

Date of change in designation

New designation

(Please give address and other details of the partner in Addendum to this Form.)

Whether a partner of partnership firm or limited liability partnership or director of a company

Yes  No

Names and addresses of the partnership firm(s)

Name  Address of principal office

LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

CIN and names of the companies in which he is a director

CIN  DIN  Name

Whether nominee of a body corporate

Yes  No

10. \*Number of bodies corporate as partners  (Dynamic)

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporate in a separate sheet as an attachment.

Details in respect of bodies corporate and their nominees (First, enter details in respect of designated partners)

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

LLPIN or Corporate Identity Number (CIN) or LIOI registration number or CIOI registration number

\*Name

\*Country where registered

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

\*Designation

\*Father's / Husband's Name

\*Nationality

\*Whether Designated partner  Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

Date of appointment

Date of Cessation

Changed name, if any

Date of change in designation

New designation

(Please give address and other details of the partner and nominee in Addendum to this Form.)

Whether a partner of partnership firm or limited liability partnership or director of a company

Yes  No

Names and addresses of the partnership firm(s)

Name  Address of principal office

LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

CIN and names of the companies in which he is a director

CIN  DIN  Name

11. \*Obligations of the partners to contribute

Sr. No.	Name of Partner	Obligation and form of contribution	Contributions received and accounted for (in Rs.)

12. \*Particulars of penalties imposed on the :

(i) Limited liability partnership

Section No.	offence	Penalty imposed

(ii) Partners/ Designated partners

Name of the Partner/ Designated Partner	Section No.	offence	Penalty imposed

13. \*Particulars of compounding of offences

Section No.	Offence	Date of Compounding of offence

**Attachments**

Optional Attachment.

**Verification**

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

**To be digitally signed by**

Designated Partner

**DPIN**

Date:

Place:

**Certificate**

I certify that Annual Return contains true and correct information.

To be signed by a Designated partner

DPIN

or

I certify that all the particulars mentioned above are true as per the books and records of  (name of the LLP) and

found them to be true and correct.

**Company Secretary in practice**

Certificate of Practice Number

Date:

Place:

For office use only

This e-form is hereby registered

Digital signature of the authorizing officer

**Addendum to Form 11**  
**Particulars of addresses and other details of partners/designated partners**

1. Number of individuals as partners

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

Details in respect of individual(s) (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 11.)

\*Whether Designated partner Yes  No

If yes, DPIN

\*Whether resident in India Yes  NO

\*Name :

\*Father's / Husband's Name :

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number

\*Permanent residential address

Address \*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

Phone  Fax

Email ID

\*Whether present residential address is same as the permanent residential address:

(Please Tick ) Yes  No

If no, present residential address

Address Line I

Line II

City  State

Pin  ISO Country Code   
Phone  Fax   
Email ID

2. Number of bodies corporate as partner

(In case bodies corporate are more than five, attach details in respect of remaining bodies corporate in a separate sheet as an attachment. First, enter details in respect of designated partners)

**Details in respect of Bodies Corporate and their nominees.**

(The details in this Addendum should be in the order of names of partners given in Form 11).

Category (drop down) LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).

LLPIN or Corporate Identity Number (CIN) or LIOI registration number or CIOI registration number

\*Name of the body corporate

\*Country where registered

\*Full address of registered office

\*Line I

\*Line II

\*City  \*State

\*Pin  \*ISO Country Code

\*Country

Phone  Fax

\*Email ID

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

\*Designation

\*Father's / Husband's Name

\*Nationality

\*Date of birth

\*Occupation

\*Income-tax permanent account number (PAN)

Passport Number

\*Whether designated partner: Yes  No

If yes, DPIN

\*Whether resident in India (Please Tick ) Yes  No

\*Permanent residential address

Address \*Line I   
\*Line II   
\*City  \*State   
\*Pin  \*ISO Country Code   
\*Country   
Phone  Fax   
Email ID

\*Whether present residential address is same as the permanent residential address:

(Please Tick ) Yes  No

If no, present residential address

Address Line I   
Line II   
City  State   
Pin  ISO Country Code   
Country   
Phone  Fax   
Email ID

#### **Attachments**

Optional Attachment.

#### **Verification**

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

**To be digitally signed by**

Designated Partner

**DPIN**

#### **Certificate**

I certify that annual return contains true and correct information.

To be signed by a designated partner

