

## **FORM 17**

*[See paragraphs 2,3, 4 and 16 of the Second Schedule of the Act and rule 38(1)]*

### **Application and statement for the conversion of a firm into Limited Liability Partnership**

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

#### Part A

#### Application

1. \*Name of the firm
  
2. \*Principal address of the firm
  - \*Line 1
  - \*Line 2
  - \*City  \*District
  - \*State  \*PIN Code
  - \*ISO Country Code
  - Phone  Fax
  - Email ID
  
3. (a) \*Whether the firm is registered under the Partnership Act, 1932.  
Yes  No   
If yes, date of registration   
Registration No.   
If no, whether the firm is registered under any other law  
 Yes  No  
If yes, the name of the Statute under which registered   
Date of registration   
Registration No.
  
- (b) \*Date of agreement by which firm was formed DD/MM/YYYY

4. \*Total number of partners in the firm

5. \*Names and addresses of the partners (Dynamic).

| Name | Address<br>(House Number, city/town/village,<br>District, State, Pin code.) | Amount of capital held in<br>the firm |
|------|---|---------------------------------------|
|      |   |                                       |
|      |   |                                       |

6. \*Service Request Number (SRN) of Form 1

7. \*Name of the proposed limited liability partnership

8. \*Address of registered office of the proposed limited liability partnership

\*Line 1

\*Line 2

\*City  \*District

\*State  \*PIN Code

\*ISO Country Code

Phone  Fax

Email ID

9. \*Total number of partners in the LLP

10. \*Whether all the partners of firm have given their consent for conversion of the firm into the limited liability partnership.

Yes  No

If yes, attach the copy of the consent.

11. \*Whether all the partners of the limited liability partnership comprise all the partners of the Firm and no one else.

Yes  No

12. \*Whether up to date Income-tax return is filed under the Income-tax Act, 1961.

Yes  No

If Yes, indicate the period upto which such return is filed

DD/MM/YYYY

13. \*Whether any proceedings by or against the firm are pending in any Court or Tribunal or any other Authority.

Yes  No

If yes, particulars of such proceedings in the following manner :-

| Name of Court/ Tribunal/ Authority | Particulars |
|------------------------------------|-------------|
|                                    |             |

(In case the number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

14. Whether any earlier application for conversion of the said firm into limited liability partnership was refused by the Registrar.

Yes  No

If yes, give SRN of earlier Form 17 and the reasons for refusal:-

(i) SRN

(ii) Reasons

15. \*Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the firm are subsisting.

Yes  No

If Yes, details thereof in following manner:-

| Section and the title of relevant Act | Particulars | Name of Court/ Tribunal/ Authority |
|---------------------------------------|-------------|------------------------------------|
|                                       |             |                                    |

(In case the number of proceedings is more than five, separate sheet(s) in the above manner may be attached as an attachment.)

16. \*Whether consent of all the creditors for conversion of the firm into limited liability partnership has been obtained.

Yes  No

If Yes, attach the list and consent of such creditors.

17. \*Whether any clearance, approval or permission for conversion of the firm into limited liability partnership is required from any other body/authority.

Yes  No

If Yes, whether the applicable approvals from the concerned body/authority or authorities have been obtained.

Yes  No

18. \*Whether the Statement of assets and liabilities of the firm duly certified as true and correct by a Chartered Accountant in practice and made upto a date not preceding 30 days of the date of filing the application for conversion attached.

Yes

To be digitally signed by designated partner

DPIN

Date

Place

Part B  
**Statement**

I  partner of M/s  (name of the firm) registered under the Indian Partnership Act, 1932 or under

(name of the law) at  (name of the place) in the State /UT of  (name of the State or Union Territory) on  (date); registration number

and also named in the incorporation document of

(name of the LLP) as a partner or designated partner give my consent for the conversion of the said firm M/s  (name of the firm) into the limited liability partnership.

2. I state that I shall be personally liable (jointly and severally with the limited liability partnership) for the liabilities and obligations of the firm which were incurred prior to the conversion or which arose from any contract entered into prior to the conversion.

**I further state as under:**

(i) that all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of conversion of firm into limited liability partnership and matters precedent and incidental thereto;

(ii) that all the partners of the limited liability partnership comprise all the partners of the firm and no one else;

(iii) that the applicable clearances, approvals or permissions for conversion of the firm into a limited liability partnership from any body/authority have been obtained;

(iv) that the consent of all the creditors for conversion of the firm into limited liability partnership has been obtained;

(v) that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

### **Attachments**

1. Statement of partners of the firm (may be attached in a tabular form)
2. Incorporation Document & Statement in Form 2 filed electronically.
3. Statement of Assets and Liabilities of the firm duly certified as true and correct by the Chartered Accountant in practice.
4. List of all the creditors along with their consent to the conversion (may be given in the form of a tabular statement).
5. Approval from any body/authority.
6. Optional attachment.

To be digitally signed by a partner or designated partner

Date:

Place:

(The statement(s) of remaining partner(s) shall be given in the above format as a tabular statement as an attachment.)

### **Certificate**

It is hereby certified that I have verified the above particulars from the books and records of M/s  Name of the firm) and found them to be true and correct.

○ **Company secretary** ○ **Chartered Accountant** ○ **Cost**

**Accountant in practice**

Digitally Signed

Certificate of Practice Number

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

Confirm submission

This e-form is hereby rejected