

FORM 24
[See rule 37(1)(b)]
Application to the Registrar for striking off name

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

1. *LLPIN

2. *Name of the limited liability partnership

3. *Registered office address

*Line 1

*Line 2

*City District

*State *PIN Code

*ISO Country Code *Country

Phone Fax

*Email ID

4. *Name and address of the designated partners

(In case of more than 5 designated partners, attach details of such designated partners in a separate sheet as an attachment)

*Name

*Address

*Line I

*Line II

*City/Town/Village

District :

*State:

*Pin code

5. *Name and address of other partners

(In case of more than 5 partners, attach details of remaining partners in a separate sheet as an attachment)

*Name

Address

* Line I

*Line II

*City/Town/Village :

District :

*State:

*Pin code :

6. *Whether up to date Income-tax returns filed.

Yes No

7. *Whether consent of all the partners obtained.

Yes No

8. *Copy of the latest statement of assets and liabilities not preceding 30 days of the date of filing application attached.

Yes

Attachments

1. *Copy of detailed application
2. Copy of authority to make the application
3. Copy of consent of all partners or creditors.
4. Copy of the undertaking in case of striking off name.
5. Optional attachment.

Verification

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

I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under.

I have been authorized to sign and submit this application.

To be digitally signed by the designated partner

DPIN

Date

Place

For office use only

Digital signature of the authorizing officer

This e-form is hereby approved

This e-form is hereby rejected