

(iii)	Companies			
(iv)	LLPs incorporated outside India			
(v)	Companies incorporated outside India			
	Total			

7. \*Number of individual(s) as partner  (Dynamic)

Note: In case individual(s) are more than five, attach details in respect of remaining 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 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

Country  Phone   
Fax   
Email ID

\*Form of contribution

\*Monetary value of contribution (in Rs.) (in figure)   
(in words)

If already a partner of limited liability partnership (LLP) or director of a company, specify the following. (In case partner or director in more than five LLP(s) and companies each, attach separate sheet as an attachment).

\*No. of limited liability partnership(s) in which he is a partner

LLPIN

Name

No. of Company(s) in which he is a director

CIN

Name of the company

8. Number of bodies corporate as partners  (Dynamic)

Note: In case bodies corporate are more than five, attach details in respect of remaining bodies corporates 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), 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

\*Form of contribution

\*Monetary value of contribution (in Rs.) (in figures)

(in words)

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

\*Designation & authority

\*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

9. \*Total monetary value of contribution by partners in the LLP  
(in Rs.) (in figures)   
(in words)

10. \* We, the several partners whose names are subscribed below, are desirous of being formed into a limited liability partnership for carrying on a lawful business with a view to profit and have entered or agreed to enter into a limited liability partnership agreement in writing. We respectively agree to contribute money or other property or other benefit or to perform services for the limited liability partnership in accordance with the limited liability partnership agreement, the particulars of which are stated at serial number 7 or 8 against our respective names.

Name of each partner	Signature of Partner	Name, address and profession (alongwith professional membership number) of witness	Signature of witness
1	2	3	4

**(Attach details in respect of names of partners/witnesses and their signatures in the above format as an attachment)**

**Attachments:.**

1. Copy of authorization where the partner is a limited liability partnership, or company, or a limited liability partnership incorporated outside India or a company incorporated outside India.
2. Proof of address of registered office of limited liability partnership.
3. Details in respect of names of partners/witnesses and their signatures.

4. Attachments in respect of details of individuals/bodies corporate where the number exceeds five.
5. Optional attachment.

**Part B**  
**Statement**

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

I   son/  daughter/  wife of   
do state as under:

- (i) that I am a person named in the incorporation document as a designated partner/partner of the limited liability partnership;
- (ii) that the designated partners have given their prior consent to act as designated partners;
- (iii) that 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;
- (iv) that I make this statement conscientiously believing the same to be true.

**To be digitally signed by**

A designated partner

DPIN

**Date:**

**Place:**

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

I   son/  daughter/  wife of   
do state as under:

- (i) that I am
  - an Advocate
  - a Company Secretary
  - a Chartered Accountant
  - a Cost Accountant

engaged in the formation of the limited liability partnership and my membership number with  (name of regulatory body) is  (Membership Number);

- (ii) that 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) that I make this statement conscientiously believing the same to be true.

**To be digitally signed by**

Advocate / Company Secretary / Chartered Accountant / Cost Accountant in practice.

**Date:**

**Place:**

Modify  Check form  Pre-scrutiny  Submit

For office use only

This e-form is hereby registered

Confirm submission

Digital signature of the authorizing officer

### **Form 3**

*[See rule 21]*

#### **Information with regard to Limited Liability Partnership Agreement and changes, if any, made therein**

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

**This Form is for**

Filing information with regard to  
LLP Agreement

For information with regard to changes  
in  
LLP Agreement

#### **Part A - For filing information with regard to LLP Agreement**

1. \*LLPIN
  
2. \*Name of Limited Liability Partnership
  
3. \*Place at which the Limited Liability Partnership Agreement is made
  
4. (i) \*Date of the Agreement
  
- (ii) Date of ratification
  
5. \*Address of Registered Office
  
- \*Line 1
- \*Line 2
- \*City  District
- \*State  \*PIN Code
- \*ISO Country Code  Country
  
- Phone  Fax
  
- \*Email ID

6. \*Business to be carried on by the Limited Liability Partnership

--

7. \* Designated Partners

(i) Whether each of the partners from time to time is to be designated partner.

Yes  No

(i) Names of persons who shall be designated partners on incorporation.

Name	DPIN

(ii) \*Acts, matters or things required to be done by a designated partner in respect of the compliance of the provisions of the Act.

1. 2. 3.
----------------

(iii) \*Powers in relation to acts, matters, or things which the designated partner can exercise only with the consent of all the partners/requisite number or percentage of partners.

1. 2. 3.
----------------



8. \*Obligation to contribute

(i) Obligation of each partner to contribute money or property or other benefit or to perform services. .

SN	Name of Partner	Nature and specification of obligation to contribute

(ii) Total Monetary value of contribution by partners in the LLP (in Rs.) (in figure)

(in words)

9. \*Partners' powers and duties

(i) Powers, duties and authority of each partner.

- (a) Powers of the partners
- (b) Duties of the partners
- (c) Authority of the partners

(ii) Mutual rights and duties of partners

(iii) Mutual rights and duties of limited liability partnership and partners

10. \*Restrictions, if any, on the partners' authority.

11. \*Management and Administration of Limited Liability Partnership

(i) Acts, matters or things, if any, which can be done only with the consent of all the partners.

(ii) Acts, matters or things, if any, which can be done with the consent of majority of the partners.

(iii) Acts, matters or things, if any, which can be done only with the consent of requisite number or percentage of the partners.

(iv) Manner, if any, in which the consent of the partners is to be obtained.

(v) Procedure for calling, holding and conducting meetings, (where the decisions are to be made at meetings of partners.)

12. \* Whether the LLP has a common seal

Yes  No

If yes, authority to affix the seal

13. \* Details of indemnity clause, if any -

14. \*Clauses of the Agreement relating to -

- (a) admission of a new partner
- (b) retirement of a partner
- (c) cessation of a partner
- (d) expulsion of a partner
- (e) resignation of a partner

15. \*Details of obligations, rights, entitlements of a partner on admission, retirement, cessation, expulsion or resignation.

16. \*Clauses relating to resolution of disputes

- (a) Between the partners; or
- (b) Between the partner and the LLP.

17. \*Duration of Limited Liability Partnership, if any.

18. \*Clauses, if any, relating to voluntary winding up

19. Information of clauses in the agreement:

(a)	relating to rule 16 (2)
(b)	relating to rule 17(1)
(c)	relating to rule 20(1)
(d)	relating to rule 24(18)(a)

20. Any other information or clause relating to the Limited Liability Partnership Agreement not covered above (optional ).

**B. For Filing information with regard to changes (addition, omission or alteration) in the Limited Liability Partnership Agreement**

21. \*LLPIN

22. \*Name of the Limited Liability Partnership

23. \*Address of the registered office of the Limited Liability Partnership

\*Line 1   
\*Line 2   
\*City  District   
\*State  \*PIN Code   
\*ISO Country Code  \*Country   
Phone  Fax   
\* Email ID

24. \*Date of the modification of the agreement

25. \*Please indicate the changes in the LLP agreement pertaining to any of the items 3 to 20 above:

26. Indicate any other change or changes in LLP agreement not covered under 25 above.

27. \*Monetary value of contribution (in Rs) (in figures) -

- (i) Existing
- (ii) Addition
- (iii) Total

**\*Statement**

I   son  daughter  wife  
of  state as under :

- (i) I am a person named in the Incorporation Document as a designated Partner/I am a designated Partner of the limited liability partnership;
- (ii) that the particulars given above are in accordance with the limited liability partnership agreement/ agreement relating to change in the limited liability partnership agreement;
- (iii) the original Limited Liability Partnership Agreement will be produced whenever called for;
- (iv) in case of change in contribution, the fees payable to Registrar has been/being paid;
- (v) that I make this statement conscientiously believing the same to be true.

Attachment

Optional.

To be digitally signed by designated partner   
DPIN

Date:

Place:

Certificate

It is hereby certified that I have verified the above particulars from the books and records of

(name of the LLP) and found them to be true and correct.

Company Secretary in practice     Chartered Accountant in practice  
 cost Accountant in practice

Whether associate or fellow     Associate     Fellow

Membership Number or Certificate of Practice Number

**To be digitally signed by**

Company Secretary in practice/ Chartered Accountant in practice/ Cost Accountant in practice

Date:  (DDMMYYYY)

Place:

For office use only

This e-form is hereby registered   Confirm submission

Digital signature of the authorizing officer