## **FORM 31**

[See rule 41(1)] Application for compounding of an offence under the Act

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

1.	*LLPIN
2.	*Name of the limited liability partnership
3. Register	red Office Address
*Line 1	
*Line 2	
*City [	District
*State	*PIN Code
*ISO Cou	ntry Code *Country
Phone	Fax
*Email I	D

4. \*Name and address of the persons seeking compounding of the

## offence

\*

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

*Name	
*Address	
*Line I	
*Line II	
*City/To	wn/Village
District :	
*State:	
Pin code	

5. Name and address of the persons who have received the show cause notice, if any.

persons in a separate sheet as an attachment)

(In case of more than five persons, attach details of remaining

Name	
Address	
Line I	
Line II	
City/Town/Village :	
District :	
State: Pin code :	
<ul> <li>6. *(i) Please indicate the section of the Act under which offence has been committed:</li> <li>*(ii) indicate the relevant penalty provisions of the Act</li> <li>7. Whether the offence has been made good as on date of application, if applicable.</li> <li>Yes No</li> <li>If yes, the date of making the default good.</li> </ul>	
8. Copy of the latest statement of assets and liabilities attached. Yes	
Attachments	
<ol> <li>*Copy of detailed application</li> <li>Copy of authority to make the application on behalf of the LLP</li> <li>Copy of authority to make the application on behalf of other persons</li> </ol>	

4. 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 on behalf of the

This e-form is hereby rejected

(name of persons on whose behalf application is made)

To be digitally signed by the designated partner or Authorized representative
DPIN
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