

Form 4

[See rule 8, 10(8), 22(2) and 22(3)]

Notice of appointment of partners/ designated partner and changes among them, intimation of DPIN by the LLP to Registrar and consent of partner to become a partner /designated partner

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

PART A

Notice of appointment of partner/designated partner and changes among them and intimation of DPIN

1. * This form is for New Limited Liability Partnership Existing Limited Liability Partnership

2. * Service Request number (SRN) of Form 1 or LLPIN

3. *Name of the limited liability partnership

*Address of the registered office of the limited liability partnership

*Line I

*Line II

* City * State

* Pin * ISO Country Code

*Country

Phone Fax

*Email ID

4. * Summary of partners and designated partners:

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			
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5. *Number of individual(s) as partner(s) (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

Appointment Cessation Change in name of partner
 change in name of designated partner change in designation
 Change in address

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.)

6. *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

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

Appointment Cessation Change in name of partner
 change in name of designated partner change in designation
 change in address

Date of appointment

Date of Cessation

Changed name

Date of change in designation

New designation

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

Part B

Consent of partners/designated partners

Please attach the consent to become a partner / designated partner (separate consent for each partner/ designated partner) in the following format as an attachment:

“I, hereby give my consent to become a partner designated partner of the (name of the LLP) pursuant to section 25(3)(c) / 7(4) of the Limited Liability Partnership Act, 2008.

I having consented to become a partner / designated partner of limited liability partnership also hereby undertake to contribute money or other property or other benefit or to perform services for limited liability partnership as per my obligations described in the limited liability partnership agreement.”

Signed Designation

Attachment:

1. Consent to act as partner/designated partner
2. Evidence of cessation.
3. Affidavit or any other proof of change of name
4. Where the appointed partner is a body corporate, a copy of resolution of such body corporate and of the authority in favour of the nominee signing on behalf of body corporate.
5. Attachments in respect of details of individuals/bodies corporate where the number exceeds five.
6. Optional Attachment

Statement

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

I a designated partner of the LLP, am authorized to sign and submit this form.

To be digitally signed by designated partner

DPIN

(The person signing the form should be different from the person in whose respect the form is being filed)

Date:

Place:

Certificate

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

Date:

Place:

Modify

Check Form

Pre-scrutiny

Submit

For office use only:

This e-Form is hereby registered

Digital Signature of the authorizing officer

Submit to BO

Addendum to Form 4

Particulars of addresses and other details of partners/designated partners and changes therein

1. Number of individuals as partners

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

Appointment Cessation Change in name of partner
change in name of designated partner change in designation
change in address

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 4.)

*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 partners

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

Appointment Cessation Change in name of partner
change in name of designated partner change in designation
change in address

Details in respect of bodies corporate and their nominees. (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 4.)

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

*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:

1. Attachments in respect of details of addresses and other details of individuals/bodies corporate where the number exceeds five.
2. Proof of address
3. Optional Attachment

Statement

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

I a designated partner of the

(name of the LLP), am authorized to sign and submit this form.

To be digitally signed by designated partner

DPIN

(The person signing the form should be different from the person in whose respect the form is being filed)

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 & 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

Date:

Place:

For office use only:

This e-Form is hereby registered

Digital Signature of the authorizing officer

Submit to BO