

LLP Form No.4

Form language



सत्यमेव जयते

Notice of appointment, cessation, change in name/ address/designation of a designated partner or partner and consent to become a partner/designated partner

[Pursuant to rule 8, 10(3), 22(2) and 22(3) of Limited Liability Partnership Rules, 2009]

English

Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory.

1(a) *Limited Liability Partnership identification number (LLPIN)

(b) *Name of the Limited Liability Partnership (LLP)

(c) *Address of the registered office of the LLP

(d) *Email ID

2 (a) *Number of individual designated partner(s) for which this form is being filed

(b) *Number of bodies corporate and their Nominees as designated partners for which this form is being filed

(c) *Number of individual partner(s) for which this form is being filed

(d) *Number of bodies corporate as partners and their nominees for which this form is being filed

(e) *Total number of partner(s)/ designated partner(s) for which the form is being filed.

3 Details of individual designated partner(s) for which this form is being filed

(a) The form is being filed for

Appointment

Cessation

Change in designation

(b) Date of Event (dd/mm/yyyy)

(c) Changed designation (Category)

(d) In case of change in designation to Designated Partner, DPIN/ Income-tax PAN/ Passport number of partner

(e) Designated partner identification number (DPIN)

(f) Name

(g) Whether resident of India

Yes No

(h) Number of LLP(s) in which he/she is a partner

(i) Number of company(s) in which he/she is a director

4 Details of bodies corporate and their nominees as designated partners for which this form is being filed

(a) The form is being filed for

- Appointment Cessation Change in Designation Change in Nominee
 Change in address of body corporate Change in name of body corporate

(b) Date of Event (dd/mm/yyyy)

(c) Type of body corporate

(LLP/ Foreign LLP/ Company/ Foreign Company/ LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI))

(d) Corporate identification number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number

(e) Name of body corporate

Proof of change in Name of body corporate

Choose File

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(f) Country where registered

(g) Full address of registered office or principal place of business in India

Address Line I

Address Line II

Country

Pin code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

Max: 2 MB

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(h) Phone

(i) E-mail ID

(j) Previous name, address of the body corporate

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

(k) DPIN

(l) Name

(m) Whether resident of India

Yes No

(n) Designation & Authority in body corporate

(o) Changed designation (Category)

(p) DPIN/ PAN/ Passport number of the previous nominee

(q) Name of the previous nominee

5 Details of individual partner(s) for which this form is being filed

(a) The form is being filed for

- Appointment Cessation Change in Name of Partner
 Change in designation Change in address

*In case user is having DIN/DPIN then file DIR-6 for any changes in name/Address. For all other partners, file the changes through Form 4

(b) Date of Event (dd/mm/yyyy)

(c) Income tax permanent account number (Income-tax PAN)

Passport Number

DPIN

(d) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

Verify income-tax PAN/ Pre-Fill

(e) Name of partner

First name

Middle name

Last name

Proof of change in Name of partner

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(f) Father's Name

First name

Middle name

Last name

(g) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in permanent residential address

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(h) Whether present residential address is same as the permanent residential address

Yes

No

(i) If no, present residential address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in present residential address

Choose File

Remove

Download

(j) Phone

(k) Mobile

(l) Email ID

(m) Previous name/ previous address

(n) Whether resident in India

Yes

No

(o) Nationality

(p) Date of Birth (dd/mm/yyyy)

(q)(i) Occupation type

(Self Employed/ Professional/ Homemaker/ Student/ Serviceman)

(q)(ii) Area of occupation

(Government/ Teaching/ Others)

(q)(iii) If 'others' selected, please specify

(r) Changed designation (Category)

(s) Number of LLP(s) in which he/she is a partner

(t) Number of company(s) in which he/she is a director

6 Details of bodies corporate as partners and their nominees for which this form is being filed

(a)*The form is being filed for

- Appointment Cessation Change in Nominee Change in Designation
- Change in address of body corporate Change in name of nominee Change in name of body corporate
- Change in address of nominee

(b) Date of Event (dd/mm/yyyy)

(c) Type of body corporate

(LLP/ Foreign LLP/ Company/ Foreign Company/ LLP incorporated outside India (LIOI)/ Company incorporated outside India (CIOI/ Others)

(d) CIN or FCRN or LLPIN or FLLPIN or any other identification number

(e) Name of body corporate

Proof of change in name of body corporate

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(f) Country where registered

(g) Full address of registered office

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

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(h) Phone

(i) Email ID

(j) Previous name/ previous address

(k) Name and particulars of the person signing on behalf of the body corporate as nominee

(l)* Income tax permanent account number (Income-tax PAN)

Passport Number

DPIN

(m) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

(n) Name of Nominee

First name

Middle name

Last name

Proof of change in Name of Nominee

Max 2 MB

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(o) Father's Name

First name

Middle name

Last name

(p) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of nominee

Max 2 MB

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(q) Whether present residential address is same as the permanent residential address

Yes

No

(r) If no, present residential address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Jurisdiction of Police Station	<input type="text"/>
Proof of change in address of Nominee	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(s) Phone	<input type="text"/>
(t) Mobile	<input type="text"/>
(u) Email ID	<input type="text"/>
(v) Previous name/ previous address	<input type="text"/>
(w) Whether resident in India	<input type="radio"/> Yes <input type="radio"/> No
(x) Nationality	<input type="text"/>
(y) Date of Birth (dd/mm/yyyy)	<input type="text"/>
(z)(i) Occupation type <i>(Self Employed/ Professional/ Homemaker/ Student/ Serviceman)</i>	<input type="text"/>
(z)(ii) Area of occupation <i>(Government/ Teaching/ Others)</i>	<input type="text"/>
(z)(iii) If 'others' selected, please specify	<input type="text"/>
(aa) Designation & Authority in body corporate	<input type="text"/>
(ab) Changed designation (Category)	<input type="text"/>
(ac) Income-tax PAN/ passport number/ DPIN of the previous nominee	<input type="text"/>
(ad) Name of the previous nominee	<input type="text"/>

Attachments

(a) Consent to become a partner/ designated partner	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(b) Related Entity Details	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(c) Evidence of cessation	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(d) Where the appointed partner is a body corporate, copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorization of	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>

such body corporate also on letterhead mentioning the name and address of an individual nominated to act as nominee/ designated partner on its behalf.

(e) Optional attachment (if any)

Max 2 MB

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Statement

- * To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete
- * I, being a designated partner of the LLP, am authorised to sign and submit this form

*To be digitally signed by a designated partner

DSC BOX

* DPIN of the Designated Partner

Certificate by practicing professional

* It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

* Category

- Chartered accountant (in whole time practice)
- Cost accountant (in whole time practice)
- Company secretary (in whole-time practice)

* Whether associate or fellow:

- Associate
- Fellow

*Membership number or certificate of practice number

*Signature Field 2

DSC BOX

Save

Submit

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)