



Addendum to LLP Form 2

Details in respect of designated partners and partners of Limited Liability Partnership

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

Part A: Incorporation document

1. (a) *Indicate Registrar's reference number for name approval
(Service Request Number (SRN) of Form 1)
(b) *SRN of Form 2
2. Name of Limited Liability Partnership (LLP)
3. *Number of individual designated partner(s) for which this form is being filed

Details in respect of individuals as designated partners

- (a) *Designated partner identification number (DPIN)
- (b) Name
- (c) Father's Name
- (d) Nationality
- (e) Whether resident of India Yes No
- (f) Date of Birth (DD/MM/YYYY)
- (g) *Occupation
- (h) Present residential address
- (I) In case of company seeking conversion
- (i) Number of shares held (ii) Paid up value of shares held (in)
- (j) *Form of contribution
- (k) *Monetary value of contribution (in)
(in words)
- (l) *Number of LLP (s) in which he / she is a partner
- (m) *Number of company(s) in which he / she is a director

4. *Number of bodies corporate as designated partner(s) for which this form is being filed

1. Details in respect of bodies corporate as designated partners and their nominees

- (a) *Type of body corporate
- (b) *Corporate identity 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
- (c) *Name of body corporate
- (d) *Country where registered
- (e) *Full address of the registered office or principal place of business in India
ISO country code Phone Fax
* e-mail ID
- (f) In case of company seeking conversion
(i) Number of shares held (ii) Paid up value of shares held (in)
- (g) *Form of contribution
- (h) *Monetary value of contribution (in)
(in words)
- (i) Name and particulars of the person signing on behalf of the body corporate as nominee
(i) *DPIN
(ii) Name
(iii) Father's Name
(iv) Present residential address
(v) Nationality
(vi) Whether resident of India Yes No
(vii) Date of Birth (DD/MM/YYYY)
(viii) *Occupation
(ix) *Designation & Authority
in body corporate

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

Details in respect of individuals as partners

(a) * Income tax permanent account number

(Income-tax PAN) or Passport number or DPIN

(b) *Name of partner

(c) *Father's Name

(d) *Nationality

(e) *Whether resident in India Yes No

(f) *Date of Birth (DD/MM/YYYY)

(g) *Occupation

(h) *Permanent Residential Address

*Line I

Line II

* City * District

* State *Pin code ISO country code

* Country

(i) *Whether present residential address is same as the permanent residential address Yes No

(j) *If no, present residential address:

*Line I

Line II

* City * District

* State *Pin code

* Country ISO country code

Phone Fax Mobile

* e-mail ID

(k) In case of company seeking conversion

(i) Number of shares held (ii) Paid up value of shares held (in)

(l) *Form of contribution

(m) *Monetary value of contribution (in)

(in words)

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

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

6. *Number of bodies corporate as partner(s) for which this form is being filed

1. Details in respect of bodies corporate as partners and their nominees

(a) *Type of body corporate

(b) *CIN or FCRN or LLPIN or FLLPIN or any other identification number

(c) *Name of body corporate

(d) *Country where registered

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

ISO country code Phone Fax

* e-mail ID

(f) In case of company seeking conversion

(a) Number of shares held (b) Paid up value of shares held (in)

(g) *Form of contribution

(h) *Monetary value of contribution (in)

(in words)

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

(i) * Income-tax PAN or Passport number or DPIN

(ii) *Name of partner

(iii) *Father's Name

(iv) *Nationality (v) *Whether resident in India Yes No

(vi) *Date of Birth (DD/MM/YYYY)

(vii) *Occupation

(viii) *Designation & Authority in body corporate

(ix) *Permanent residential address

*Line I

Line II

* City * District * State

* Pin code ISO country code * Country

(x) *Whether present residential address is same as the permanent residential address Yes No

(xi) *If no, present address

*Line I

Line II

* City * District * State

* Pin code ISO country code * Country

Phone Fax

Mobile* e-mail ID

7. *Whether another addendum to eForm 2 is required to be filed (refer instruction kit for details) Yes No

Note: Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

Attachments

List of attachments

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

Attach

2. *Subscribers' sheet including consent

Attach

3. Detail of LLP(s) and/ or company(s) in which partner/ designated partner is a director/ partner

Attach

4. Optional attachment(s) - if any

Attach

Remove Attachment

Part B: Statement

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

I, the designated partner of the LLP do state that

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

To be digitally signed by a designated partner

*DPIN of the designated partner

Statement by an Advocate/Chartered Accountant/ Cost Accountant in practice

I

Son Daughter of

do state that

- (i) I am Advocate
 Company Secretary in whole time practice
 Chartered Accountant in whole time practice
 Cost Accountant in whole time practice

engaged in the formation of the limited liability partnership and my membership number or certificate of practice number with

(Name of regulatory body) is

(certificate of practice number in case of company secretary/ membership number in all other cases)

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

Whether associate or fellow Associate Fellow

For office use only:

eForm Service request number (SRN) eForm filing date (DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

This e-Form is hereby rejected

Date of signing (DD/MM/YYYY)