

Form 2
[See rule 11]
Incorporation Document and Statement

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

PART A
Incorporation Document

1. *Service Request Number (SRN) of Form 1

2. * Name of the limited liability partnership :

3. * State in which the registered office of the limited liability partnership is to be situated:

4. * Address of registered office of the limited liability partnership

*Line 1

*Line 2

*City District

*State *PIN Code

*ISO Country Code

Country *e-mail ID

Phone Fax

5. * Business to be carried on by the limited liability partnership:

6. *Summary of Partners/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			

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