

FORM 27

[See rule 34(1)]

Form for registration of particulars by foreign limited liability partnership

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

1. *Name of the limited liability partnership incorporated or registered outside India :

2. (i) *Country where the limited liability partnership is incorporated

(ii) *Details of relevant Statute under which the limited liability partnership has been incorporated

(iii) *Details of the authority under which limited liability partnership is establishing a place of business in India

3. *State of principal place of business in India

4. (i) *Date of establishment of principal place of business in India

(ii) *Date on which approval of Reserve Bank of India obtained

5. Full address of the registered or principal office of the limited liability partnership incorporated or registered outside India:

*Line 1

*Line 2

*City District

*State *PIN Code

*Country

*e-mail ID

6. *Full address of the office of the limited liability partnership in India which is deemed as its principal place of business in India

*Line I	<input type="text"/>		
*Line II	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>
*Pin	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
*Email ID	<input type="text"/>		

7. *List of persons resident in India and authorised to accept on behalf of the limited liability partnership service of process and any notices or other documents required to be served on the limited liability partnership;

*Number of persons authorized [drop down]

Particulars of person authorized

1. Income-tax permanent account number(PAN)

Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership

*First Name

*Surname

*Father's / Husband's Name:

*Designation:

*Nationality:

*Where the Nationality of origin is different from the above mentioned nationality,

*Nationality of origin:

*Date of birth

Others (please specify)

If already a partner of partnership firm or limited liability partnership or director of a company, specify the following:

No. of partnership firms in which he is a partner Dropdown

Names & addresses of the partnership firm(s)

Name:

Address of principal office:

No. of limited liability partnership(s) in which he is a partner
Dropdown

LLPIN and name of the limited liability partnership(s)

LLPIN Name of limited liability partnership

No. of Company (ies) in which he is a director Dropdown

DIN

Name and CIN of the Company(ies)

CIN Name of Company

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 address

Yes No

Present residential address

Line I

Line II
City State
Pin ISO Country Code
Phone Fax
Email ID

Note: In case the authorized representatives are more than five, attach details in respect of remaining representatives in separate sheet as attachment.

8. List of partners & designated partners, if any,-

*Number of partners

*Number of designated partners, if any

*Particulars of partners;-

Present Name

*First name :

*Last name :

*Middle name :

Former Name(if any)

*First name :

*Last name :

*Middle name :

*Father's / Husband's Name :

*Nationality :

*Where the Nationality of origin is different from the above mentioned nationality,

*Nationality of origin:

*Date of birth :

*Business/occupation :

Others (please specify)

*Whether designated partner Yes No

Usual residential address

Address *Line I
*Line II
*City *State
*Pin *ISO Country Code
*Country
Phone Fax
Email ID

*Whether nominee of a body corporate Yes No

If Yes,

(i) Name of the body corporate

(ii) Address of registered or principal office of the body corporate

Line I
Line II
City State
Pin ISO Country Code
Phone Fax
Email ID

Note: In case the partners/ designated partners are more than five, attach details in respect of remaining partners/ designated partners in separate sheet as attachment.

Attachments

1. Copy of the incorporation document or other instrument constituting or defining the constitution of the limited liability partnership certified in the manner specified in the sub-rule (2) of rule 34.
2. Extracts of the Statute under which the foreign limited liability partnership has been set up.
3. Copy of authority under which the foreign limited liability partnership is establishing the place of business in India

4. Copy of approval of Reserve Bank of India for allowing the foreign limited partnership to establish place of business in India
5. If the above instrument is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34.
6. Power of attorney in favour of authorized representative
7. 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 in respect of establishment of place of business by a foreign limited liability partnership.

I am authorised to sign and submit this form.

To be digitally signed by:

Authorized representative of foreign limited liability partnership

Date:

Place:

For office use only

Digital signature of the authorizing officer

This e-form is hereby registered