

## **Form 6**

(See rule 22(1))

### **Intimation of particulars of name or address of a partner/ change in such particulars by a Partner to the Limited Liability Partnership**

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

1. \*This form is for intimating to the Limited Liability Partnership  
O particulars  
O change in particulars by the partner.

Type of partner:

- I. Individual
- II. Limited liability partnership
- III. Company
- IV. Limited liability partnership incorporated outside India
- V. Company incorporated outside India

#### **Part A**

##### **I. Intimation of particulars - Individual**

2. Name
- (a) \*First Name:
- (b) \*Last Name:
- (c) \*Middle Name:
- (d) \*Name as written:
3. \*Father's Name/Husband's Name
4. \*Whether citizen of India O Yes O No
5. \*Nationality:
6. \*Whether Resident in India: O Yes O No
7. \*Date of Birth:
8. \*Gender: O M O F
9. \*Income-tax permanent account number
10. Voter's identity card
11. Passport number
12. Others (specify)
13. \*Permanent Residential Address

\*Line I   
\*Line II   
\*City   
\*State   
\*Country   
\*Pin Code   
Phone   
Fax   
\*E-mail

14. \*Whether present residential address is the same as permanent residential address

O Yes O No

15. Present residential address

Line I   
Line II   
City   
State   
Country   
Pin Code   
Phone   
Fax

16. \*Whether a partner of partnership firm or limited liability partnership or director of a company

O Yes O No

If Yes

(a) Names and addresses of the partnership firm(s)

Name  Address of principal office

(b) LLPIN and name of the limited liability partnership(s)

LLPIN

Name of limited liability partnership

(c) CIN and names of the companies in which he is a director

CIN  DIN  Name

## II. Intimation of particulars – Limited liability partnership

LLPIN:

Name :

PAN number of the limited liability partnership

Full address of registered office

Name of the person who will be signing on behalf of the limited liability partnership

Designation and authority of the person signing on behalf of limited liability partnership

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

### III. Intimation of particulars – Company

CIN

Name

PAN number of the company

Full address of registered office

Name of the person who will be signing on behalf of the company

Designation and authority of the person signing on behalf of the company

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

### IV. Intimation of particulars – Limited liability partnership incorporated outside India

Name :

Country where the limited liability partnership is registered/incorporated

Registration/Incorporation Number

Full address of the registered office

The statute under which the limited liability partnership is registered

Name of the person who will be signing on behalf of the limited liability partnership incorporated outside India

Designation and authority of the person signing on behalf of limited liability partnership incorporated outside India

Please give particulars of the person authorized in the format as given in sub-part I of Part A from serial number 2 to 16.

**V. Intimation of particulars – Company incorporated outside India**

Name :   
Country where the company is registered/incorporated   
Registration/Incorporation Number   
Full address of the registered office   
The statute under which the company is registered   
Name of the person who will be signing on behalf of the company  
incorporated outside India   
Designation and authority of the person signing on behalf of company  
incorporated outside India

Please give particulars of the person authorized in the format as given  
in sub-part I of Part A from serial number 2 to 16.

**PART B – Intimation of change in particulars relating to name or address of  
the partner**

Please give below the particulars sought to be changed

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The following documents in support of the above are attached

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(a) \_\_\_\_\_

(b) \_\_\_\_\_

I \_\_\_\_\_ son/daughter of \_\_\_\_\_

declare and verify that the information given in the form and the documents  
enclosed is correct and complete.

Signature

Date

Place