

## **Form 9**

*[See rule 7 and 10(8)]*

### **Consent to act as Designated Partner**

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

To  Limited Liability Partnership

(Name and address of the limited liability partnership)

Date: DD/MM/YYYY

**Subject :      Consent to act as Designated Partner**

I,  hereby give my consent to act as designated partner of the   
(name of the LLP) pursuant to Section 7(3) of the Act.

#### **Particulars**

1.      \*Designated Partner Identification Number (DPIN)

2.      \*Name

3.      \*Father's /Husband's Name

4.      \*Present residential address

5.      \*e-mail ID

6.      Name of the Partnership Firm

Or

LLPIN  & Name of Limited Liability Partnership

Or

CIN  & Name of the Company

Or

Name of any other body corporate

whose nominee the designated partner is.

I hereby state that I satisfy the conditions and requirements for being eligible to be a designated partner and I have not been disqualified to act as a designated partner.

To be signed by the designated partner:

DPIN

Date:

Place: