

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: