

# LLP FORM NO. 11

[Pursuant to rule 25(1) of Limited Liability Partnership Rules, 2009]

Annual Return of Limited Liability Partnership (LLP)

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

1.(a) \*Annual return made upto 31st day of March of  Year

(b) \*Start date of financial year for which annual return is being filed  (DD/MM/YYYY)

2. \*Limited Liability Partnership identification number (LLPIN)

3. Name of the Limited Liability Partnership (LLP)

4. (a) Address of the registered office of the LLP

(b) \* e-mail ID

5. Other address if declared under section 13(2) for service of documents

6. \*Business Classification

7. Principal business activities of the LLP

8. Details as on 31st March of the period for which annual return is being filed

(a). Total number of designated partners  (b). Total number of partners

(c). Total obligation of contribution of partners of the LLP (in Rs.)

(d). \*Total contribution received by all partners of the LLP (in Rs.)

Note: 'Contribution received' to be entered in corresponding Form 8 should be same as the value entered in field 8(d) above.

9. Service request number (SRN) of the partners' details validated through the screen (if applicable)

10. Details of individual(s) as partners

1

Designation

Pre-Fill

Designated Partner Identification number (DPIN)/ Income tax permanent account number (Income-tax PAN)/ Passport number

Name

Father's Name

Permanent Residential Address

Present residential address

Nationality

Date of Appointment

(DD/MM/YYYY)

Date of Cessation

(DD/MM/YYYY)

Date of change in designation

(DD/MM/YYYY)

Previous Designation

Previous Name, if any

Obligation of contribution(in Rs.)

Contribution received and accounted for (in Rs.)

\*Whether resident in India

Yes

No

Number of limited liability partnership(s) in which he/she is a partner

Number of Company(s) in which he/she is a director

11. Details of bodies corporate as partners

1	Type of body corporate	<input style="width: 95%;" type="text"/>	<input type="button" value="Pre-Fill"/>
	Corporate identity number (CIN) or Foreign company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other identification number	<input style="width: 95%;" type="text"/>	
	Name of the body corporate	<input style="width: 95%;" type="text"/>	
	Full address of the registered office or principal place of bussiness in India	<input style="width: 95%;" type="text"/>	
	Country where registered	<input style="width: 95%;" type="text"/>	
	Obligation of contribution (in Rs.)	<input style="width: 40%;" type="text"/>	Contribution received and accounted for (in Rs.) <input style="width: 40%;" type="text"/>
	Name and particulars of person signing on behalf of body corporate as nominee		
	Category	<input style="width: 95%;" type="text"/>	
	DPIN/ Income-tax PAN/ Passport number	<input style="width: 95%;" type="text"/>	
	Name	<input style="width: 95%;" type="text"/>	
	Father's Name	<input style="width: 95%;" type="text"/>	
	Permanent Residential Address	<input style="width: 95%;" type="text"/>	
	Present residential address	<input style="width: 95%;" type="text"/>	
	Nationality	<input style="width: 95%;" type="text"/>	
	Date of Appointment	<input style="width: 40%;" type="text"/>	(DD/MM/YYYY)
	Date of Cessation	<input style="width: 40%;" type="text"/>	(DD/MM/YYYY) Date of change in designation <input style="width: 40%;" type="text"/>
	Previous Designation	<input style="width: 95%;" type="text"/>	
	Previous Name, if any	<input style="width: 95%;" type="text"/>	
	*Whether resident in India <input type="radio"/> Yes <input type="radio"/> No		
	Number of limited liability partnership(s) in which he/she is a partner	<input style="width: 40%;" type="text"/>	
	Number of Company(s) in which he/she is a director	<input style="width: 40%;" type="text"/>	

**Note:** Provide the detail of the LLPs (LLPIN and name of LLP) and companies (CIN, DIN and name of company) as an attachment.

12. Summary of designated partner(s)/partner(s) as on 31st March of the period for which annual return is being filed

S.No.	Category	Number of Partners	Number of Designated Partners		Total
			Resident in India	Others	
(i)	Individuals				
(ii)	LLPs				
(iii)	Companies				
(iv)	Foreign LLPs				
(v)	Foreign Companies				
(vi)	LLPs incorporated outside India				
(vii)	Companies incorporated outside India/ Companies registered in Sikkim				
	Total				

13. Particulars of penalties imposed on the :

(i) Limited liability partnership

Number of rows required

Section Number	Offence	Penalty Imposed
1		

(ii) Partners / Designated partners

Number of rows required

DPIN/ Income-tax PAN/ Passport number	Name of Partner / Designated Partner	Name of Nominee in case of Body Corporate	Section Number	Offence	Penalty Imposed
1					

14. Particulars of compounding offences

Number of rows required

Section Number	Offence	Date of Compounding of offence
1		

15. \*Whether turnover of the LLP exceeds 5 crores

Yes

No

**Note:** Attach the details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

**Attachments**

List of attachments

1. Details of LLP and/ or company in which partner/ designated partner is a director/ partner

Attach

2. Optional attachment(s) - if any

Attach

Remove attachment

**Verification**

\* To the best of my knowledge and belief, the information given in this form and its attachment is correct and complete.

To be digitally signed by Designated partner

\*DPIN of the designated partner

**Certificate**

I certify that Annual Return contains true and correct information.

To be digitally signed by Designated partner

DPIN of the designated partner

**OR**

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of

and found them to be true and correct. I further certify that all the required attachment(s) have been completely attached to this form.

Company Secretary in practice

Certificate of Practice Number

Whether associate or fellow

Associate  Fellow

Modify

Check Form

Prescrutiny

**This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.**