

LLP FORM NO.12

[Pursuant to rule 16(3) of Limited Liability Partnership Rules, 2009]



Form for intimating other address for service of documents

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

1. *Limited Liability Partnership Identification Number (LLPIN)	<input type="text"/>	<input type="button" value="Pre-fill"/>
2. Name of the Limited Liability Partnership (LLP)	<input type="text"/>	
3. Address of registered office of the LLP	<input type="text"/>	
e-mail ID	<input type="text"/>	

4. Pursuant to section 13(2) of the Limited Liability Partnership Act, 2008, the above named LLP declares the following address, other than the address of its registered office, for serving a document on it or its partner or designated partner:

* Other Address	Line I	<input type="text"/>		
	Line II	<input type="text"/>		
* City	<input type="text"/>	* District	<input type="text"/>	
* State	<input type="text"/>	* Pin code	<input type="text"/>	
Country	<input type="text"/>	ISO country code	<input type="text"/>	
Phone	<input type="text"/>	Fax	<input type="text"/>	
e-mail ID	<input type="text"/>			
5. *Date on which consent of all partners is taken as per sub-rule(2) of rule 16	<input type="text"/>	(DD/MM/YYYY)		

Attachments

1. Copy of the minutes of decision/ resolution/ consent of requisite partners
2. *Proof of address
3. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any
4. Optional attachment(s) - if any

List of attachments

Verification

- * To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- * I, being a designated partner of the LLP, am authorized to sign and submit this form.

To be digitally signed by a designated partner

*DPIN of the designated partner

Certificate

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 whole time practice
- Chartered Accountant in whole time practice
- Cost Accountant in whole time practice

* Whether associate or fellow Associate Fellow

* Membership number or certificate of practice number

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.