

LLP FORM NO.15

[Pursuant to rule 17 of Limited Liability Partnership Rules, 2009]



Notice for change of place of registered office

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. (a) Name of the Limited Liability Partnership (LLP)	<input type="text"/>	
(b) Present address of the registered office of the LLP	<input type="text"/>	
3. (a) *New address of registered office of the LLP		
Line I	<input type="text"/>	
Line II	<input type="text"/>	
(b) * City	<input type="text"/>	(c) * District <input type="text"/>
(d) * State	<input type="text"/>	(e) * Pin code <input type="text"/>
(f) * Country	<input type="text"/>	(g) ISO country code <input type="text"/>
(h) Phone	<input type="text"/>	(i) Fax <input type="text"/>
(j) * e-mail ID	<input type="text"/>	
4. *Name of the office of new registrar	<input type="text"/>	
5. *The full address of the police station under whose jurisdiction the new registered office address of the limited liability partnership is situated.		
(a) *Name	<input type="text"/>	
(b) *Address	Line I	<input type="text"/>
	Line II	<input type="text"/>
(c) * City/Town/village	<input type="text"/>	
(d) Tehsil	<input type="text"/>	(e) * District <input type="text"/>
(f) * State	<input type="text"/>	(g) * Pin code <input type="text"/>
6. *Particulars of prosecutions initiated against or show cause notices received by the LLP for alleged offences under the Act.	<input type="text"/>	
7. *Change of place of registered office is -		
<input type="radio"/>	Within the same city/town/village.	
<input type="radio"/>	From one place to another place within the same State.	
<input type="radio"/>	Within the State from the jurisdiction of one Registrar to the jurisdiction of another Registrar.	
<input type="radio"/>	Change of place of the registered office from one State to another State.	
8. Dates of publication of public notice in the newspapers	<input type="text"/>	(DD/MM/YYYY)
(Applicable where change of place of the registered office is from one State to another).		
9. *Date on which consent has been taken under sub-rule (1) of Rule 17	<input type="text"/>	(DD/MM/YYYY)

Attachments

- 1. *Proof of changed address of registered office.
- 2. Copy of the minutes of decision/resolution/consent of partners.
- 3. The extracts of the relevant provision of the Limited Liability Partnership Agreement, if any.
- 4. Copies of public notice, if applicable.
- 5. Consent of secured creditors, if applicable.
- 6. Optional attachment(s)- if any.

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

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

Designated Partner

* Designated Partner Identification Number (DPIN)

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
- Cost Accountant in whole time practice
- Chartered 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.

OR

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby registered

Confirm submission

Date of signing

(DD/MM/YYYY)