



सत्यमेव जयते

LLP Form No. 23

Application for direction to Limited Liability Partnership (LLP) to change its name

[Pursuant to rule 19(1) of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

Refer instruction kit for filing the form

All fields marked \* are mandatory

### 1 Applicant details

(a) \*Category of applicant

(Limited Liability Partnership (LLP)/ Company/ Other entity)

(b) \*Limited Liability Partnership Identification Number (LLPIN) or Corporate Identity Number (CIN) or registration number of other entity seeking direction

(c) \*Name of the LLP/ Company/ Applicant

### 2 Address

(a) \*Address Line1

Address Line2

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State

Jurisdiction of Police Station

### (b) Contact Details

Phone (with STD/ISD code)

\*Mobile No.

\*email ID

**3 Details of the LLP against whom application is filed**

(a) \*LLPIN

(b) \*Name of the LLP

(c) \*Address of the registered office of the LLP

(d) \*e-mail ID

4 \*Grounds of objection

**Attachments**

(a) Copy of incorporation/registration certificate of LLP or the company or registration certificate of other entity, if any

Choose File

Remove

Download

(b) Optional attachment(s) - if any

Choose File

Remove

Download

**Verification**

- \*  To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- \*  I have gone through the provisions of the Limited Liability Partnership Act, 2008, the rules framed there under.
- \*  I have been authorized to sign and submit this application.

**Applicant or designated partner or managing director or director or manager or secretary**

\*Designation

*(Designated Partner/ Managing director/ Director/ Manager/ Secretary/ Applicant)*

\*DPIN or DIN or Income-tax PAN or Membership number

Signature Field 1

DSC BOX

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**For office use only:**

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-Form is hereby approved

DSC BOX

This e-Form is hereby rejected

DSC BOX

Date of signing (DD/MM/YYYY)