



# LLP Form No. 27

Form for registration of particulars by Foreign Limited Liability Partnership (FLLP)

[Pursuant to rule 34(1) of Limited Liability Partnership Rules, 2009]

Form language

English

Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked in \* are mandatory

### Foreign LLP information

1 (a) \*Name of the limited liability partnership (LLP) incorporated or registered outside India

(b) \*Incorporation/ registration number of the limited liability partnership (LLP) incorporated or registered outside India

2 Full address of the registered or principal office of the limited liability partnership incorporated or registered outside India

\*Address Line1

Address Line2

\*Country  ▼

\*Pin code/Zip code

\*Area/Locality

\*City

District

\*State/UT

\*Email ID

\*Is the country part of Hague Convention?  Yes  No

\*Is the country part of Commonwealth?  Yes  No

3 (a) \*Details of relevant Statute under which the limited liability partnership has been incorporated or registered outside India

(b) \*Brief description of approvals / authority obtained outside India under which Limited Liability Partnership is establishing a place of business in India

4 \*Date of establishment of principal place of business in India (DD/MM/YYYY)

5 Details of type of office and main division of business activity

(a) \*Type of office

Liaison Office

Branch Office

Project Office

Other Office

(b) If other, then provide details

(c) (i) \*Main Sub-class of industrial activity to be carried out in India

(ii) \*Description of the main sub-class of industrial activity to be carried out in India

6 (a) \*Whether any approval is required for setting up the office in India?

Yes

No

(b)	(c)	(d)	(e)	(f)	(g)
S No	Name of the Authority ( <i>Reserve Bank of India/ Securities and Exchange Board of India/ Insurance Regulatory and Development Authority/ Others</i> )	If Others, please specify	Order number	Validity <input type="radio"/> Unlimited <input type="radio"/> Fixed	Approval valid till (DD/MM/YYYY)
	<input type="text"/>				

7 Full address of the office of the limited liability partnership in India which is deemed as its principal place of business in India

\*Address Line1

Address Line2

\*Longitude

\*Latitude

\*Country

\*Pin code/Zip code

\*Area/Locality

\*City

District

\*State/UT

\*Jurisdiction of Police Station

\*Email ID

#### Details of Partners / Designated Partners in the Foreign LLP

8 Number of partners and designated partners

(a) \*Number of partners

(i) Details of Partner of the Foreign LLP - Partner 1

(b) \*Number of designated partners

(i) Details of Designated Partner of the Foreign LLP - DP1

(c) (i) Designated Partner Identification number (DPIN)

(ii) First Name

(iii) Middle Name

(iv) Last Name

(d) Address

Address Line1

Address Line2

Country

Pin code/Zip code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

(e) PAN/Passport Number

(f) Email ID

Details of Authorized Representatives

9 Details of persons resident in India and authorized to accept on behalf of the limited liability partnership service of process and any notices or other documents required to be served on the limited liability partnership

(a) \*Number of persons authorized

(i) Particulars of person authorized – 1

(b) Designated Partner Identification Number (DPIN)

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(c) Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership

(i) First Name

(ii) Middle Name	<input type="text"/>
(iii) Last Name	<input type="text"/>
(d) Father's Name	
(i) First Name	<input type="text"/>
(ii) Middle Name	<input type="text"/>
(iii) Last Name	<input type="text"/>
(e) *Designation	<input type="text"/>
(f) *Nationality	<input type="text"/> ▼
(i) *Is the Nationality of origin different from the above mentioned nationality	<input type="radio"/> Yes <input type="radio"/> No
(ii) Nationality of origin	<input type="text"/> ▼
(iii) *Date of Birth (DD/MM/YYYY)	<input type="text"/>
(g) Income-tax permanent account number (Income-tax PAN)	<input type="text"/>
	<input type="button" value="Verify Income-Tax PAN"/>
(h) Permanent Residential Address	
*Address Line1	<input type="text"/>
Address Line2	<input type="text"/>
*Country	<input type="text"/> ▼
*Pin code/Zip code	<input type="text"/>
*Area/Locality	<input type="text"/> ▼
*City	<input type="text"/>
District	<input type="text"/>
*State/UT	<input type="text"/>
Jurisdiction of Police Station	<input type="text"/>
(i) *Whether present residential address is same as the permanent residential address	<input type="radio"/> Yes <input type="radio"/> No
If no, present residential address	
*Address Line1	<input type="text"/>

Address Line2

\*Country

\*Pin code/Zip code

\*Area/Locality

\*City

District

\*State/UT

\*Jurisdiction of Police Station

(j) Mobile Number

(k) Email ID

(l) (i) \*Number of Limited Liability Partnership(s) in which he/she is a partner

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

(m) Details of company(s)/ LLP(s) in which authorized representative is a director/partner

(i)	(ii)	(iii)
S No	CIN/LLPIN	Name of Company/ LLP

#### Attachments

(a) \*Copy of the incorporation document or other instrument constituting or defining the constitution of the limited liability partnership certified in the manner specified in the sub- rule (2) of rule 34

   

(b) \*Extracts of the Statute under which the foreign limited liability partnership has been set up

   

(c) \*Documentary approvals / authority obtained outside India under which Limited Liability Partnership is establishing a place of business in India

   

(d) \*Power of attorney in favor of authorized representative

   

(e) Copy of Intimation filed with requisite Authority(s)/Regulator(s)

   

(f) Copy of approval from requisite Authority(s)/Regulator(s)

(g) If the documents attached is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34

(h) Optional attachment(s) - if any

#### 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 thereunder.
- \*  I have been authorized to sign and submit this application.

\*To be digitally signed by

\*Authorized representative of FLLP

\*DPIN or Income tax PAN

#### For office use only:

eForm Service Request Number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This eForm is hereby registered

Date of signing (DD/MM/YYYY)