



LLP Form No.31

Application for compounding of an offence under the Act
[Pursuant to rule 41(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.

Applicant Category

1 *Category of applicant

(Limited Liability Partnership (LLP)/Foreign Limited Liability Partnership (FLLP)/Others)

LLP/ FLLP Details

2. Limited Liability Partnership identification number (LLPIN) or Foreign Limited Liability Partnership identification number (FLLPIN)

3 (a) Name of the Limited Liability Partnership (LLP) or Foreign Limited Liability Partnership (FLLP)

(b) Address of registered office of the LLP or principal place of business in India of foreign LLP

(c) Jurisdiction of Police Station

(d) e-mail ID of the LLP/FLLP

4. Details of applicant (in case category is others)

(a) Name

(b) Address Line 1

Address Line 2

Country

Pin code

Area / Locality

City

District

State/UT

(c) Jurisdiction of Police Station

(d) E-mail ID

Other Details

5(a)*Name of office of the ROC to which application is being made

6(a) *Whether application for compounding offence is filed in respect of:

LLP or Foreign LLP Designated Partner Partner Authorized Representative Others

(b) Number of person(s) for whom the application is being filed

(c) Details of person(s) for whom the application is being filed

Category

(Designated Partner/Authorized Representative/Partner/Others)

- Designated Partner Identification Number (DPIN) or
 Income tax Permanent Account Number or Passport number

Name

7(a) *Whether Show cause notice received

Yes No

(b) Notice number

(c) Date of Notice (dd/mm/yyyy)

(d) *Please indicate the section of the Act under which offence has been committed

(e) *Indicate the relevant penal provisions of the Act

(f) *Grounds of filing the application

(g) *Period of default – From (dd/mm/yyyy)

(h) *Period of default – To (dd/mm/yyyy)

(i) *Reasons that led to the default

(j) *Whether the offence has been made good as on date of application, if applicable

Yes No

(k) If yes, the date of making the default good (dd/mm/yyyy)

(l) Brief particulars as to how the default has been made good

(m) If no, Why the default has not been made good?

8. SRN of Form-8 (Statement of Account & Solvency)

9. Details of previous compounding application in last three years for the same default

Attachments

(a) Copy of Show cause notice received

(b) Copy of authority to make the application on behalf of the LLP or FLLP

(c) Copy of authority to make the application on behalf of other persons

(d) Optional attachment(s) - if any

Verification

- To the best of my knowledge and belief, the information given in this application and its attachments is correct and complete.
- I have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under.
- I have been authorized to sign and submit this application on behalf of the person(s) whose name(s) is/ are mentioned above

*To be digitally signed by

Designated partner or Authorized representative or Partner of LLP or Applicant

Designation

(Designated partner of LLP/Partner of LLP/Authorized Representative of FLLP/ Others)

- Designated Partner Identification Number (DPIN) or
- Income-Tax Permanent Account Number or PAN Passport number

Certificate by practicing professional

To be digitally signed by

- Chartered accountant (in whole time practice)
- Cost accountant (in whole time practice)
- Company secretary (in whole-time practice)

Whether associate or fellow:

Associate Fellow

Membership number

Certificate of Practice number

Save

Submit

For office use only:

*e-Form Service request number (SRN)

*e-Form filing date (dd/mm/yyyy)

Digital signature of the authorizing officer

*This e-Form is hereby approved

*This e-Form is hereby rejected

*Date of signing (dd/mm/yyyy)