

Form no.1

[See Rule 5]

1. LLPIN
2. Name of the Limited Liability Partnership
3. Full address of the registered office of the Limited Liability Partnership
Line 1
Line 2
City District
State PIN Code
Country
4. Date of Passing resolution
5. Number of Partners
6. Three-fourths majority of partners consented for voluntary winding up -Yes

List of attachments

- (1) Copy of the resolution
- (2) Copy of the Authority
- (3) Optional attachment.

Verification

To the best of our 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, and the rules framed there under.

I have been authorized to sign and submit this application.

To be digitally signed by designated partner

DPIN

Dated:_____

Place:_____