

LLP FORM NO.29

[Pursuant to rule 34(3) and 8 of Limited Liability Partnership Rules, 2009]

- (A) Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India;
- (B) Alteration in the name or address of any of the persons authorized to accept service on behalf of a foreign limited liability partnership in India;
- (C) Alteration in the principal place of business of foreign limited liability partnership in India;
- (D) Cessation to have place of business in India.

Note - All fields marked in * are to be mandatorily filled.

- 1.* Foreign Limited Liability Partnership identification Number(FLLPIN)
2. Name of the Foreign Limited Liability Partnership(LLP)
3. The above mentioned foreign LLP having established a place of business in India at

* e-mail ID

hereby gives notice for-

- alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India
- alteration in the name or address of any of the persons authorized to accept service on behalf of a foreign limited liability partnership in India
- alteration in the principal place of business of foreign limited liability partnership in India
- Cessation to have place of business in India

(A) Alteration in the certificate of incorporation or registration of limited liability partnership incorporated or registered outside India.

1.* A brief description of the alteration is given hereunder :

2. *Date of Alteration (DD/MM/YYYY)

3. *Whether there is any change in name of limited liability partnership incorporated or registered outside India Yes No

If yes, specify changed name

(B) Alteration in the name or address of any of the persons authorized to accept service on behalf of a foreign limited liability partnership in India;

(a) Number of authorized persons for which form is being filed

- *Type of alteration Addition of a person authorised to accept service
- Modification to particulars of a person already authorised to accept service
- Deletion of a person authorised to accept service

*Date of alteration (DD/MM/YYYY)

- * Designated partner identification number(DPIN) or
- Income tax permanent account number(Income-tax PAN)

Verify Income-tax PAN/ Pre-Fill

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

First Name

Last Name

Middle Name

*Father's Name

First Name

Last Name

Middle Name

* Designation

* Nationality

Where the Nationality of origin is different from the above mentioned nationality,

Nationality of origin

Date of birth (DD/MM/YYYY)

Permanent Residential Address

Line I

Line II

* City

* State *Pin code ISO country code

* Country

Whether present residential address is same as the permanent residential address Yes No

If no, present residential address

Line I

Line II

* City

* State *Pin code

Country

ISO country code Phone Fax

* e-mail ID

*Number of LLP(s) in which the authorised representative is a partner

*Number of Company(s) in which the authorised representative is a director

*Remarks as to alteration

(C) Alteration in the address of principal place of business of the foreign limited liability partnership in India.

1. *The principal place of business in India was shifted with effect from (DD/MM/YYYY)

2. The changed address is as under:

*Line I	<input type="text"/>		
Line II	<input type="text"/>		
* City	<input type="text"/>		
* District	<input type="text"/>	* State	<input type="text"/>
* Pin code	<input type="text"/>	Country	<input type="text"/>
ISO country code	<input type="text"/>	Phone	<input type="text"/>
		Fax	<input type="text"/>
e-mail ID	<input type="text"/>		

(D) That it intends to close its place of business in India

1. *Date of cessation of place of business in India (DD/MM/YYYY)

2. *It is hereby declared that the LLP

is not maintaining the place of business at any other place in India

has filed with the Registrar all documents due for filing

Attachments

List of attachments

- * 1. Copy of the decision or other document through which alteration has been made
- 2. Copy of approval of Reserve Bank of India for cessation of place of establishment of office in India of the foreign limited liability partnership .
- 3. Power of attorney in favour of authorized representative
- 4. Details of LLP and/ or company in which authorised representative is partner/ director
- 5. Optional attachment(s) - if any

Attach

Attach

Attach

Attach

Attach

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 have gone through the provisions of the Limited Liability Partnership Act, 2008 and the rules framed there under in respect of establishment of place of business by a foreign Limited Liability Partnership.

* I am authorised to sign and submit this form.

To be digitally signed by a authorized representative of FLLP

*DPIN or Income-tax PAN of authorized representative

Modify

Check Form

Prescrutiny

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)