



**FiLLiP**

Form language

☒ English ☐ Hindi

**Form for Incorporation of Limited Liability Partnership**

[Pursuant to Rule 8, Rule 11 and Rule 18 of Limited Liability Partnership Rules, 2009]

Refer instruction kit for filing the form

All fields marked in \* are mandatory.

**Part A: Incorporation document**

**1. Purpose of filing the form**

(a) \*Whether name is already approved by Registrar of Companies

☒ Yes

☐ No

(b) Service Request Number (SRN) of RUN-LLP

M29083270

(c) \*Type of incorporation

☒ New incorporation

☐ Conversion of firm into LLP

☐ Conversion of private company/unlisted public company into LLP

(d) CIN

**2. Particulars of the proposed or approved name**

(a) \*Proposed or approved name

MANOHAR'S VIDYA VRIKSH  
EDUCATION LLP

(b) \*Significance of abbreviated or coined word in the proposed name

(c) \*State the name of the vernacular language(s) if used in the proposed name and meaning thereof

(d) \*Whether the proposed name is based on a trademark registered or is subject matter of an application pending for registration under the Trademarks Act

☐ Yes

☐ No

\* If yes, furnish particulars of trademark or application

**Attachments**

(a) In principle approval of regulatory authority, if required.

Max 2 MB

Choose file

(b) Approval of the owner of the trademark or the applicant of such application for registration of Trademark;

Max 2 MB

Choose file

(c) Copy of approval in case the proposed name contains any word(s) or expression(s) which requires approval from central government;

Max 2 MB

Choose file

(d) Copy of approval from the competent authority in case of collaboration and connection with the foreign country or place

Max 2 MB

Choose file

(e) Copy of Board resolution of the existing company or consent of existing LLP as a proof of no objection

Max 2 MB

Choose file

### 3 (a) Address of registered office of LLP

\*Address Line I

HOUSE NO 1796, SUDARSHAN  
NIWAS,BHAYEGAON ROAD,BEHIND SAI

\*Address Line II

NANDED

\*Country

India

\*Pin code / Zip Code

431717

\*area

Degloor

\*City

Degloor

District

Nanded

\*State / UT

Maharashtra

\*Longitude

18.53377

\*Latitude

77.585

\*Jurisdiction of Police Station

DEGLOOR

### (b) Contact

#### Details

Phone (with STD/ISD code)

\*Mobile No

Fax

\*Email ID

94\*\*\*\*\*30

sh\*\*\*\*\*il.com

### c) Attachments

(a) \*Proof of Office address along with NOC, if applicable (Conveyance/ Lease deed/Rent Agreement along with rent receipts);

Max 2 MB

Choose file

(b) \*Copy of the utility bills (not older than two months);

Max 2 MB

Choose file

(d) \* Name of the office of Registrar in whose jurisdiction the proposed LLP is to be registered

Registrar of Companies, Mumbai

**4.Details of business activity carried out by LLP on incorporation /conversion**

Primary (checkbox)	Industry sub class (as per NIC codes 2008)	Description of NIC code	
<input checked="" type="checkbox"/>	85491	Academic tutoring services	Delete
<input type="checkbox"/>	85499	Other educational services n.e.c.	Delete
<input type="checkbox"/>			Delete

\*Description of industrial activities to be carried out by the

(a) \*Main industrial activity

\*- NIC code

85491

\*- Description of NIC code

Academic tutoring services

(b) \*Other industrial activity

\*- NIC code

85499

\*- Description of NIC code

Other educational services n.e.c.

**5.Total number of designated partners and partners of the LLP**

	Particulars	Having valid DIN/DPIN	Not having valid DIN/DPIN
1	Number of Designated Partners	2	0
A	- Individuals	2	0
B	- Body corporates and their nominees	0	0
2	Number of Partners other than Designated Partners	0	0
A	- Individuals	0	0
B	- Body corporates and their nominees	0	0
3	Total number of Partners and Designated Partners	2	0

**6.Particulars of individual designated partners /designated partners who are nominee of body corporate****(A) Particulars of individual designated partners having DIN/****DPIN**

(i) \*Basic details of Designated partner

\*Designated partner Identification number (DIN/DPIN)

10628997

\*Name

SANCHENA SHUKRACHARYA KAMBLE

\*Whether resident of India

☒ Yes☐ No

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) \*Description of contribution

\*Form of contribution

(Conversion/Cash /Other than cash)

Cash

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

70000

Seventy Thousand

0

1

## 6.Particulars of individual designated partners /designated partners who are nominee of body corporate

### (A) Particulars of individual designated partners having DIN/

#### DPIN

(i) \*Basic details of Designated partner

\*Designated partner Identification number (DIN/DPIN)

10628998

\*Name

SHUKRACHARYA MANOHARRAO  
KAMBLE

\*Whether resident of India

☒ Yes

☐ No

In case of company seeking  
conversion

Number of shares held

Paid up value of shares held (in INR)

(ii) \*Description of contribution

\*Form of contribution  
(Conversion/Cash /Other than cash)

Cash

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

30000

Thirty Thousand

0

1

### B \*Particulars of individual designated partners not having DIN/DPIN

(i) \*Basic details of Designated partner

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

\*Gender  
( Male/Female/ Transgender)

\*Date of Birth (dd/mm/yyyy)

\*Nationality

\*Whether resident of India

☐ Yes

☐ No

\*Income-tax PAN/Passport number

☐ PAN

☐ Passport number

\*Income-tax PAN/Passport number details

\*Place of Birth (State)

\*Place of Birth (District)

\*Whether citizen of India

☐ Yes

☐ No

\*Occupation type  
(Business/Professional/Government  
Employment/Private Employment /Housewife/Student/Others)

Description of others

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification  
(Primary education/Secondary education  
Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/  
Diploma /Others)

If 'Others' selected, please specify

\*Mobile No

\*Email ID

**(ii) \*Permanent address**

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

**(iii) \* Whether present residential address same as permanent residential address**

☐ Yes

☐ No

\*Present address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

\*If Duration of stay at present address is less than one year then address of previous residence

(iv) \*Identity Proof  
(Voters Identity Card/Passport/Driving License/Aadhaar)

\*Residential Proof  
(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)

\*Identity Proof No.

\*Residential Proof No.

\*Submit a copy of the proof of identity and proof of address

\*Proof of identity

\*Residential proof

**(v) In case of company seeking conversion**

Number of shares held

Paid up value of shares held (in INR)

**(vi) \*Description of contribution**

\*Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**C \* Particulars of bodies corporate and their nominees as designated partners having DIN/DPIN**

**(i) \*Particulars of body corporate**

\*Type of body corporate

(LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/  
Company incorporated outside India (CIOI)

\*Corporate identity number (CIN) or foreign Company registration number (FCRN) or Limited  
liability partnership identification number (LLPIN) or Foreign limited liability partnership  
identification number (FLLPIN) or any other registration number

PAN

\*Name of body corporate

\*Registered office address or Principal place of business in India or Principal place of business outside India

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

\*Mobile No

Fax

\*Email ID

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

**(ii) \*Description of contribution**

\*Form of contribution  
(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**(iii) \* Particulars of the person /designated partner signing on behalf of the body corporate as nominee**

\*Designated partner Identification number (DIN/DPIN)

\*Name

\*Whether resident of India

☐ Yes

☐ No

\*Designation and Authority in body corporate

\*Copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorization of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.

Max 2 MB

**D \*Particulars of bodies corporate and their nominees as designated partners not having DIN/DPIN****(i) \* Particulars of body corporate**

\*Type of body corporate  
(LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/  
Company incorporated outside India (CIOI)

\*Corporate identity number (CIN) or foreign Company registration number (FCRN) or Limited liability partnership identification number (LLPIN) or Foreign limited liability partnership identification number (FLLPIN) or any other registration number

PAN

\*Name of body corporate

\*Registered office address or Principal place of business in India or Principal place of business outside India

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station



Contact details

Phone (with STD/ISD code)

\*Mobile No

Fax

\*Email ID

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

**(ii) \*Description of contribution**

\*Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**(iii) \* Particulars of the person signing on behalf of the body corporate as nominee**

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

\*Gender

( Male/Female/ Transgender)

\*Date of Birth (dd/mm/yyyy)

\*Nationality

\*Whether resident of India

☐ Yes

☐ No

\*Income-tax PAN/Passport number

☐ PAN

☐ Passport number

\*Income-tax PAN/Passport number details

\*Place of Birth (State)

\*Place of Birth (District)

\*Whether citizen of India

☐ Yes

☐ No

\*Occupation type  
(Business/Professional/Government  
Employment/Private Employment /Housewife/Student/Others)

Description of others

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification  
(Primary education/Secondary education  
Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/  
Professional/Diploma /Others)

If 'Others' selected, please specify

\*Mobile No

\*Email ID

\*Permanent address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

**(iv) \* Whether present residential address same as permanent residential address**

☐ Yes

☐ No

\*Present address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

\*If Duration of stay at present address is less than one year then address of previous residence

**(v) \*Identity Proof**

(Voters Identity Card/Passport/Driving License/Aadhaar)

**\*Residential Proof**

(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)

**\*Identity Proof No.**

**\*Residential Proof No.**

**\*Submit a copy of the proof of identity and proof of address**

**\*Proof of identity**

**\*Residential proof**

**\*Copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorization of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.**

## **7.Particulars of partners other than designated partners**

### **A \*Particulars of individual partners having DIN/DPIN**

#### **(i) \*Basic details of Individual partner**

**\*Designated partner Identification number (DIN/DPIN)**

**\*Name**

**\*Whether resident of India**

☐ Yes

☐ No

**In case of company seeking conversion**

**Number of shares held**

**Paid up value of shares held (in INR)**

#### **(ii) \*Description of contribution**

**\*Form of contribution**

(Conversion/Cash /Other than cash)

**If 'Other than cash' selected, please specify**

**\*Monetary value of contribution (in INR.) (in figures)**

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**B \*Particulars of individual partners not having DIN/DPIN**

**(i) \*Basic details of individual partner**

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

\*Gender

( Male/Female/ Transgender)

\*Date of Birth (dd/mm/yyyy)

\*Nationality

\*Whether resident of India

☐ Yes

☐ No

\*Income-tax PAN/Passport number

☐ PAN

☐ Passport number

\*Income-tax PAN/Passport number details

\*Place of Birth (State)

\*Place of Birth (District)

\*Occupation type

(Business/Professional/Government

Employment/Private Employment /Housewife/Student/Others)

Description of others

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

(Primary education/Secondary education

Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/  
Diploma /Others)

If 'Others' selected, please specify

\*Mobile No

\*Email ID

**(ii)\*Permanent address**

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

**(iii) \* Whether present residential address same as permanent residential address**

☐ Yes

☐ No

\*Present address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

\*If Duration of stay at present address is less than one year then address of previous residence

**(iv) \*Identity Proof**

(Voters Identity Card/Passport/Driving License/Aadhaar)

\*Residential Proof

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\*Identity Proof No.

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\*Submit a copy of the proof of identity and proof of address

\*Proof of identity

\*Residential proof

**(v) In case of company seeking conversion**

Number of shares held

Paid up value of shares held (in INR)

**(vi) \*Description of contribution**

\*Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

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**C \*Particulars of bodies corporate and their nominees as partners having DIN/DPIN**

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liability partnership identification number (LLPIN) or Foreign limited liability partnership  
identification number (FLLPIN) or any other registration number

PAN

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\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Contact details

Phone (with STD/ISD code)

\*Mobile No

Fax

\*Email ID

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

**(ii) \*Description of contribution**

\*Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**(iii) \*Particulars of the person /designated partner signing on behalf of the body corporate as nominee**

\*Designated partner Identification number (DIN/DPIN)

\*Name

\*Whether resident of India

☐ Yes

☐ No

\*Designation and Authority in body corporate

\*Copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorization of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.

Max 2 MB

**D \*Particulars of bodies corporate and their nominees as designated partners not having DIN/DPIN**

**(i) \*Particulars of body corporate**

\*Type of body corporate

(LLP/Company/Foreign LLP/ Foreign company/LLP incorporated outside India (LIOI)/  
Company incorporated outside India (CIOI)

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liability partnership identification number (LLPIN) or Foreign limited liability partnership  
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Contact details

Phone (with STD/ISD code)

\*Mobile No

Fax

\*Email ID

In case of company seeking conversion

Number of shares held

Paid up value of shares held (in INR)

**(ii) \*Description of contribution**

\*Form of contribution

(Conversion/Cash /Other than cash)

If 'Other than cash' selected, please specify

\*Monetary value of contribution (in INR.) (in figures)

\*Monetary value of contribution (in words)

\*Number of LLP(s) in which he/ she is a partner

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

**(iii) \*Particulars of the person signing on behalf of the body corporate as nominee**

First Name

Middle Name

Surname

Father's First name

Father's Middle name

Father's Surname

\*Gender

( Male/Female/ Transgender)

\*Date of Birth (dd/mm/yyyy)

\*Nationality

\*Whether resident of India

☐ Yes



☐ No

\*Income-tax PAN/Passport number

☐ PAN

☐ Passport number

\*Income-tax PAN/Passport number details

\*Place of Birth (State)

\*Place of Birth (District)

\*Occupation type

(Business/Professional/Government

Employment/Private Employment /Housewife/Student/Others)

Description of others

\*Area of Occupation

If 'Others' selected, please specify

\*Educational Qualification

(Primary education/Secondary education

Vocational qualification/Bachelor's degree/Master degree/Doctorate or higher/Professional/  
Diploma /Others)

If 'Others' selected, please specify

\*Mobile No

\*Email ID

\*Permanent address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

**(iv) \* Whether present residential address same as permanent residential address**

☐ Yes

☐ No

\*Present address

\*Address Line I

\*Address Line II

\*Country

\*Pin code / Zip Code

\*Area/ Locality

\*City

District

\*State / UT

Jurisdiction of Police Station

Phone (with STD/ISD code)

Duration of stay at present address (Years/Month)

\*If Duration of stay at present address is less than one year then address of previous residence

(v) \*Identity Proof  
(Voters Identity Card/Passport/Driving License/Aadhaar)

\*Residential Proof  
(Bank Statement/Electricity Bill/Telephone bill/Mobile bill/Utility Bill/Registered/Notarized Rent Agreement)

\*Identity Proof No.

\*Residential Proof No.

\*Submit a copy of the proof of identity and proof of address

\*Proof of identity

\*Residential proof

\*Copy of resolution on the letterhead of such body corporate to become a partner in the proposed LLP and a copy of resolution/ authorization of such body corporate also on a letterhead mentioning the name and address of an individual nominated to act as nominee/designated partner on its behalf.

## 8. Total monetary value of contribution by partners in the LLP

\*Total monetary value of contribution by partners in the LLP (in figures)

100000

\*Total monetary value of contribution by partners in the LLP (in `) (in words)

One Lakh

## 9. PAN/ TAN Information

**\*Additional Information for applying Permanent Account Number (PAN) and Tax Deduction Account Number (TAN)**

**\*Information specific to PAN**

\*Area code

PNE

\*AO type

W

\*Range code

59

\*AO No.

3

**\*Information specific to TAN**

\*Area code

PNE

\*AO type

CT

\*Range code

65

\*AO No.

1

\*Source of Income

(Income from Business/profession/ Capital Gains /Income from house property  
Income from other source /No Income)

Income from Business/profession

\*Business/Profession code

20

### Attachments

(a)Valuation Certificate

Max 2 MB

(b)Optional attachment(s) - if any

Max 2 MB

### \*Consent by Designated partners/Partners

We, the several partners whose names are subscribed below, are desirous of being formed into a LLP for carrying on a lawful business with a view to earn profit and have entered or agreed to enter into a LLP agreement in writing.

We respectively agree to contribute money or other property or other benefit or to perform services for the LLP in accordance with the LLP agreement, the particulars of which are stated against our respective names.

We hereby give our consent to become a partner/ designated partner/ nominee/ nominee & designated partner of the LLP pursuant to section 7(4) / 25(3)(c) of the Limited Liability Partnership Act, 2008. (format as an attachment)

To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete. I further confirm that the proposed name is not undesirable, identical or too nearly resembles to that of any other partnership firm or limited

liability partnership or body corporate or a registered trade mark or a trade mark which is subject of an application for registration of any other person under the Trade Marks Act, 1999.

\*Subscribers' sheet including consent.

Max 2 MB

### Part B: Statement

Declaration by designated partner

**\* To be digitally signed by a designated partner**

\*Signature Field 1

\*DIN/DPIN/PAN of the designated partner

1\*6\*8\*9\*

**Declaration and certification by professional**

I  ☐ Son / ☒ Daughter of  do state that I am\*

☐ Advocate

☒ Company Secretary in whole time practice

☐ Chartered Accountant in whole time practice

☐ Cost Accountant in whole time practice

engaged in the formation of the limited liability partnership and my membership number or certificate of practice number

with  (Name of regulatory body) is  (certificate of practice number in case of company secretary /membership in all the cases)

(ii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of incorporation and matters precedent and incidental thereto;

(iii) I make this statement conscientiously believing the same to be true.

\* Whether:

☒ Associate

☐ Fellow

\*Signature Field 2

I, the designated partner of the LLP do state that

(i) am a person named in the incorporation document as a designated partner/partner of the limited liability partnership;

(ii) the designated partner(s)/partner(s) have given their prior consent to act as designated partner(s)/partner(s);

(iii) all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder in respect of Designated Partner Identification Number (DIN/DPIN), registration of the LLP and matters precedent or incidental thereto have been complied with;

(iv) I make this statement conscientiously believing the same to be true.

***For office use only:***

eForm Service request number (SRN)

M29128479

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)

Duration of stay at present address (Years/Month)