## Form language LLP Form No. 11 English ○ Hindi Annual Return of Limited Liability Partnership (LLP) [Pursuant to rule 25(1) of Limited Liability Partnership Rules, 2009] Refer instruction kit for filing the form All fields marked in \* are mandatory. LLP details 1 (a) \*Financial year (From date) (DD/MM/YYYY) (b) \*Financial year (To date) (DD/MM/YYYY) 2 \*Limited Liability Partnership identification number (LLPIN) 3 (a) \*Name of the Limited Liability Partnership (LLP) (b) \*Address of the registered office of the LLP (c) \*Jurisdiction of Police Station for the registered office (d) Other address if declared under section 13(2) for service of documents (e) Jurisdiction of Police Station for the other address (f) \*e-mail ID 4 \*Business Classification (Business/ Profession/Service/Occupation/Others) 5 \*Principal business activities of the LLP 6 \*Details as on 31st March of the period for which annual return is being filed (a) \*Total number of designated partners (b) \*Total number of partners (c) \* Total obligation of contribution of partners of the LLP (in Rs.) (d) \*Total contribution received from all the partners of the LLP (in Rs.)

7. *Detail of individual(s) as partners  (a) *Designation  (b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number  (c) *Name  (d) *Date of Appointment (DD/MM/YYYY)  (e) Date of Cessation (DD/MM/YYYY)  (f) Date of change in designation(DD/MM/YYYY)  (g) Previous Designation  (h) Previous Name, if any  (i) *Obligation of contribution  (j) Contribution received and accounted for  (k) Whether resident in India  (yes	(a) *Designation (b) *Designated Partner Identification number (DPIN)/ Income tax permanent account Number (Income-tax PAN)/ Passport number (c) *Name (d) *Date of Appointment (DD/MM/YYYY) (e) Date of Cessation (DD/MM/YYYY) (f) Date of change in designation(DD/MM/YYYY) (g) Previous Designation (h) Previous Name, if any (i) *Obligation of contribution (j) Contribution received and accounted for (k) Whether resident in India  (YES NO (l) Number of limited liability partnership(s) in which he/she is a partner (m) Number of company(s) in which he/she is a director (n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner	Individual Partn	er details			
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(k) Whether resident in India  (I) Number of limited liability partnership(s) in which he/she is a partner  (m) Number of company(s) in which he/she is a director  (n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner  (o) (p) (q)	(k) Whether resident in India  (I) Number of limited liability partnership(s) in which he/she is a partner  (m) Number of company(s) in which he/she is a director  (n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner  (o)  (p)  (q)	(i) *Obligation o	f contribution			
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(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner  (o) (p) (q)	(n) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner  (o) (p) (q)	(I) Number of lin	nited liability partnership(s) in which he,	/she is a partner		
(o) (p) (q)	(o) (p) (q)	(m) Number of	company(s) in which he/she is a director			
		(n) Details of co	mpany(s)/ LLP(s) in which partner/ des	ignated partner is a director/ part	tner	
S. no. CIN/LLPIN Name of Company/ LLP	S. no. CIN/LLPIN Name of Company/ LLP	(o)	(p)	(q)		
		S. no.	CIN/LLPIN	Name of Company/	LLP	

Body Corporate details		
(a) *Type of body corporate		
(b) *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 identification number		
(c) *Name of the body corporate		
(d) *Full address of the registered office or principal place of business in India		
(e) *Country where registered		
(f) *Obligation of contribution		
(g) Contribution received and accounted for		
(h) Name and particulars of person signing on behalf of body corporate as nominee		
(i) *Name		
(j) *DPIN/ Income-tax PAN/ Passport number		
(k) *Designation		
(I) *Date of Appointment(DD/MM/YYYY)		
(m) Date of Cessation (DD/MM/YYYY)		
(n) Date of change in designation (DD/MM/YYYY)		
(o) Previous Designation		
(p) Previous Name, if any		
(r) Number of limited liability partnership(s) in which he/she is a partner		
(s) Number of company(s) in which he/she is a director		
(q) Whether resident in India	YES	ONO
(t) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ par	rtner	
8. Details of bodies corporate as partners		

)	(v)	(w)		
no.	CIN/LLPIN	Name of Company/ LLP		

Summan	of D	artner	/ Designated	Dartner
Summary	OIP	ai uiei /	Designated	raitilei

9 *Summary of designat	ed partner/partner(s	) as on 31st March of the	period for which annua	I return is being file	ed
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			Number of Desig	gnated Partners	
S. No.	Category	Number of partners	Resident in India	Others	Total
а	Individuals				
b	LLPs				
С	Companies				
d	Foreign LLPs				
е	Foreign companies				
f	LLPs incorporated outside India				
g	Companies incorporated outside India/ Companies registered in Sikkim				
	Total				

Pe	na	ltν	d	eta	ils

10	*Particula	rs of nor	altias ir	hazann	on the
Tυ	Particula	is oi bei	เสเนยร แ	IIDOSEU	on the.

- (i) \*Limited liability partnership
- (a) Number of rows required

(b)	(c)	(d)
Section Number	Offence	Penalty Imposed

	quired					
(f)	(g)	(h)	(i)	(j)		(k)
DPIN/ Income tax PAN/ passport number	Name of Partner / Designated Partner	ICASE OF DOOL	Section Number	Offe	ence	Penalty Impose
ompounding Offence  1 *Particulars of com			I			
a) Number of rows re						
(b) Section Number		(c) Offence			(d)	ounding of offence
12 *Whether turnove	er of the LLP exceed	s 5 crores	ΟY	es	(DD/MM/YYY	
Attachments						

Verification	
* To the best of my knowledge and belief, the information given in this form and its a	ittachment is correct and complete.
* To be digitally signed by	
Particulars of the person signing and submitting the form	
*Name	
*Designation (Designated Partner/Liquidator/ Interim Resolution Professional (IRP)/ Resolution Professional (RP)/LLP Administrator)	
* DPIN of the designated partner/ Income-tax PAN in case of Interim Resolution Professional (IRP)/Resolution Professional (RP)/Liquidator/LLP Administrator	
Certificate  Locatify that Applied Poture contains true and correct information	
I certify that Annual Return contains true and correct information.	
To be digitally signed by Designated Partner	
DPIN of the designated partner	
OR	
☐ It is hereby certified that I have verified the above particulars (including attachment(s))	from the records of
and found them to be true and correct. I furth	her certify that all the required
attachment(s) have been completely attached to this form.	
Company Secretary in practice	
Certificate of Practice number	
*Whether associate or fellow:   Associate	○ Fellow

Note: Attention is drawn to provisions of Section 448 and 449 whi nunishment for false evidence respectively.	ich provide for punishment for false statement / certificate and		
This eForm has been taken on file maintained by the registrar of companies through electronic mode and on the basis of statement of correctness given by the company			
For office use only:			
Form Service request number (SRN)			
Form filing date (dd/mm/yyyy)			