Form language LLP Form No. 8 English (Hindi Statement of Account & Solvency and Charge filing [Pursuant to rule 24 of Limited Liability Partnership Rules, 2009] Refer instruction kit for filing the form All fields marked in * are mandatory **Purpose** 1 *Statement of Account and Solvency or Charge Statement of Account and Solvency Charge LLP/FLLP details 2 Statement of Account and Solvency as at (DD/MM/YYYY) 3(a) Limited Liability Partnership Identification Number (LLPIN) / Foreign Limited Liability Partnership Identification Number (FLLPIN) (b) Name of Limited Liability Partnership (LLP)/Foreign Limited Liability Partnership (FLLP) (c) Address of registered office of the LLP or principal place of business in India of FLLP (d) Jurisdiction of Police Station (e) Email ID (f) Total monetary value of obligation of contribution as on above date Part A: Statement of Solvency do solemnly 4 (a) We, being the designated partners or authorized representatives of affirm and sincerely declare that we have made a full inquiry into the affairs of this Limited Liability Partnership/ Foreign Limited Liability Partnership, and that, having done so, have formed the opinion that the LLP/FLLP \bigcirc is (is not able to pay its debts in full as they become due in the normal course of business. (DD/MM/YYYY) and Income (b) We append a Statement of the Assets and Liabilities as at and Expenditure for the period ended on (DD/MM/YYYY) being latest practicable date before the making of this declaration. We have already filed a statement indicating creation of charges or modification or satisfaction thereof till the present (c) financial year (d) odoes not exceed cexceeds 40 lakh rupees We declare that the turnover

(e) We declare that the obligation of contribution	O does not exceed	exceeds 25 lakh rupees
(f) The partners/ authorized representatives have ta records and preparation of accounts in accordance	ken proper care and responsibility force with the provisions of the LLP Act	or maintenance of adequate accounting and the Rules made thereunder.
g) We make this statement conscientiously believin Partnership Act, 2008, the rules made thereunde		provisions of the Limited Liability
Part B: Statement of Account		
5 Statement of Assets and Liabilities as at		(DD/MM/YYYY
Particulars	Figures as at the end of the current reporting period (in Rs.)	Figures as at the end of the previous reporting period (in Rs.)
(I) CONTRIBUTION AND LIABILITIES		
1) Partner's funds		
Contribution received		
Reserves and surplus (including surplus being the profit/		
loss made during year)		
2) Liabilities		
Secured loans		
Unsecured loans		
Short term borrowings		
Creditors/Trade payables - Advance from customers		
Amount of other liabilities		
Other liabilities (to specify)		
Provisions	-1	
for taxation		
for contingencies		
for insurance		
other provisions(if any)		
Total		

(II) ASSETS			
Gross Fixed assets (including intangible a	assets)		
Less: depreciation and amortization			
Net fixed assets			
Investments			
Loans and advances			
Inventories			
Debtors/trade receivables			
Cash and cash equivalents			
Amount of other assets			
Other assets (to specify)			
Total			
Contingent Liability details			
Contingent Liability details 6 (a) Whether there are any contingent liabi	ilities to report?	○ Yes ○ No	
	ilities to report?	○ Yes ○ No	
6 (a) Whether there are any contingent liabi			
6 (a) Whether there are any contingent liabi	(c)	(d)	
(b) S. No. 7 Statement of Income and Expenditure (in	(c) Description of contingent liability	(d)	
6 (a) Whether there are any contingent liabi (b) S. No.	(c) Description of contingent liability	(d)	
(b) S. No. 7 Statement of Income and Expenditure (in	(c) Description of contingent liability Rs.) Figures for the period	(d) Amount Figures for the period	
(b) S. No. 7 Statement of Income and Expenditure (in Statement of Income and Expenditure) Particulars	(c) Description of contingent liability Rs.)	(d) Amount	
(b) S. No. 7 Statement of Income and Expenditure (in Statement of Income and Expenditure	(c) Description of contingent liability Rs.) Figures for the period	(d) Amount Figures for the period	
(b) S. No. 7 Statement of Income and Expenditure (in Statement of Income and Expenditure Particulars From	(c) Description of contingent liability Rs.) Figures for the period	(d) Amount Figures for the period	
(b) S. No. 7 Statement of Income and Expenditure (in Statement of Income and Expenditure Particulars From (DD/MM/YYYY) To	(c) Description of contingent liability Rs.) Figures for the period	(d) Amount Figures for the period	
(b) S. No. 7 Statement of Income and Expenditure (in Statement of Income and Expenditure Particulars From (DD/MM/YYYY) To (DD/MM/YYYY)	(c) Description of contingent liability Rs.) Figures for the period	(d) Amount Figures for the period	

Less: Excise duty or service tax				
Net Turnover Details				
(I) Domestic turnover				
(a) Sale of goods manufactured				
(b) Sale of goods traded				
(c) Sale or supply of services				
(II) Export turnover				
(a) Sale of goods manufactured				
(b) Sale of goods traded				
(c) Sale or supply of services				
Other income				
Increase/ (decrease) in stocks [including for raw materials, work in progress and finished goods]				
Total Income				
Expenses				
Raw material consumed				
Purchases made for re-sale				
Consumption of stores and spare parts				
Power and fuel				
Personnel Expenses				
Administrative expenses				
Payment to auditors				
Selling expenses				
Insurance expenses				
Depreciation and amortization				
Interest				
Other expenses				
Total expenditure				
Net Profit or Net Loss (before taxes)				
Provision for Tax				
Profit after Tax				
Profit transferred to Partners' account				
Profit transferred to Reserves and surplus				

Attachments		
8 Optional attachment(s) - if any		
Signature of Designated Partners of LL Foreign LLP	P or authorized representatives (AR) of a	
DPIN/ Income -tax PAN		
Signature of Designated Partners of LL Foreign LLP	P or authorized representatives (AR) of a	
DPIN/ Income -tax PAN		
Signature of Interim Resolution Profes Liquidator/LLP Administrator	sional (IRP)/Resolution Professional (RP)/	
Particulars of the person signing and su	ubmitting the form	
Name		
Designation (Liquidator/Interim Resolution Professional (IRP)/ LLP Administrator)	Resolution Professional (RP)	
Income-tax PAN in case of Interim Reso Professional (RP)/Liquidator/LLP Admir		
Certificate by	○ Designated partner	uthorized representative Auditor
It is hereby certified that I have verified	I the particulars contained in the Statement of	Account and Solvency including the
Statement of assets and liabilities as at	(DD/MM/)	YYYY) and the income and expenditure for
the period ending	(DD/MM/YYYY) from the accoun	ting records and other books and papers of
	and found them to be true and fair.	

Address Line 1	
Address Line 2	
Country	
Pin code/Zip Code	
Area/Locality	
City	
District	
State	
Jurisdiction of Police Station	
Phone	
E-mail ID	
To be digitally signed by: Designated Partner/ Authorized representative/ Auditor	
Cortificate	
Certificate * It is hereby sortified that I have verified the above particulars (including	attachment(c)) from the records
* It is hereby certified that I have verified the above particulars (including	
* It is hereby certified that I have verified the above particulars (including	attachment(s)) from the records correct. I further certify that all required attachment(s)
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form.	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category Chartered Accountant in whole time practice	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category Chartered Accountant in whole time practice Company Secretary in whole time practice	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category Chartered Accountant in whole time practice Company Secretary in whole time practice Cost Accountant in whole time practice	
* It is hereby certified that I have verified the above particulars (including of and found them to be true and of have been completely attached to this form. * Category Chartered Accountant in whole time practice Company Secretary in whole time practice Cost Accountant in whole time practice *Membership number or Certificate of Practice number	

This eForm has been taken on file maintained by the registrar through electronic most correctness given by the filing LLP	node and on th	e basis of state	ement
2 Particulars for creation or modification or satisfaction of charges by an LLP			
LLP/ FLLP Details			
3 (a) Limited Liability Partnership identification Number (LLPIN) / Foreign Limited Liability Partnership Identification Number (FLLPIN)			
(b) Name of Limited Liability Partnership (LLP)/ Foreign Limited Liability Partnership (FLLP)			
(c) Address of registered office of the LLP or principal place of business in India of FLLP			
(d) Jurisdiction of Police Station			
(e) Email ID			
Purpose			
4 (a) This form is for Creation of charge Modification of charge	○ Satisfa	action of Charg	ge
(b) Charge identification number of the charge to be modified or satisfied			
(c) Whether charge is modified in favor of Asset reconstruction company (ARC) or assign	rnee	○ Yes	○ No
(d) Whether charge holder is authorized to assign the charge as per the charge agreem	ent	○ Yes	○ No
Type of charge 5(a) Description of the property charged indicating whether it is a charge on			
(b) If others, please specify			
Details of charge holder			
6 (a) Whether consortium finance is involved		Yes	○ No
(b) Please provide Lead Banker's Name			
(c) Whether joint charge is involved		Yes	○ No
7 (a) Number of charge holders			
(b) Whether Charges rank pari passu		○ Yes	○ No

(c) List of the Charge holders					
(d)	(e)	(f)	(g)	(h)	
Rank	Name of the Charge holder	Particulars of the property charged	Details of their extent on the charge (in %)	Maximum amount secured (in INR)	
8 Particulars of ch	arge holders				
	k/Scheduled bank/Private sector bank/Fii e bank/Foreign Bank/Individual/Others)	nancial institution/Non-banking financio	la		
(b) If others, pleas	se specify				
(c) Name of the ch	narge holder				
(d) CIN in case cha	arge holder or ARC or assignee is	a company			
(e) Name					
(f) Address					
Address - Line 1					
Address - Line 2					
Country					
Pin code/Zip Code					
Area/Locality					
City					
District					
State					
Jurisdiction of Poli	ice Station				
(g) E-mail ID					
(i) Income Tax- Pe	rmanent Account Number (PAN)				
(h) Whether charg	e holder is having a valid Income	e Tax PAN.		○ No	
(j) BSR Code / Brai	nch Code				
Details of charge					
9 Nature or descri	ption of instrument(s) creating o	or modifying the charge			
10 (a) Date of the	instrument creating the charge (DD/MM/YYYY)			

(b) Date of the instrument modifying the charge (DD/MM/YYYY)			
(c) Date of satisfaction of charge in full (DD/MM/YYYY)			
11 (a) Whether charge created or modified outside India		○Yes	○ No
(b) In case charge created or modified outside India on the property situated outside India, the date of receipt of the documents in India (DD/MM/YYYY)			
12 (a) Maximum amount secured by the charge (In case the amount is in foreign currency,rupee equivalent to be stated) (in Rs.). (In case of modification of charge, enter the amount secured by the charge after such modification)			
(b) Maximum Amount secured by the charge in words			
(c) In case amount secured by the charge is in foreign currency, mention details			
13 Brief particulars of the principal terms and conditions and extent and operation of the	ne charge		
(a) Date of Creating Security Interest by actual/ constructive deposit of title deeds within bank/ housing finance company (DD/MM/YYYY)			
(b) Borrower's customer/account number			
(c) Rate of interest			
(d) Repayment term (in months)			
(e) Terms of repayment			
(f) Nature of facility			
(g) Date of disbursement (DD/MM/YYYY)			
(h) Miscellaneous narrative information			
(i) Margin			
(j) Extent and operation of the charge			
(k) Others			
Asset Details			
14 In case of acquisition of property, subject to charge, furnish the following details relacquired	ating to existin	g charge on th	ne property so
(a) Date of instrument creating or evidencing the charge (DD/MM/YYYY)			
(b) Description of the instrument creating or evidencing the charge			

(c) Date of acquisition of th	e property (DD/MM/YYYY)		
(d) Charge ID			
(e) Amount of the charge (in INR)			
(f) Particulars of the proper	rty charged		
15 (a) Short particulars of t property)	the property or asset(s) charged ((including complete address and	location of the
property			
(b) Plot /Dwelling Interest		○ Plot	Owelling
(i) Details of Plot Unit			interest
Evaluated Price of Asset as on Security interest Creation date (in INR)	Nature of Property	PLOT ID Number	Survey No. /GAT No. etc.
Street Number & Name	Sector /Block Number	Locality	Landmark
Village/Town Name	Taluka	Pin code	District
State	Latitude	Longitude	Area of plot (Sq. feet, Sq. meter, Acre, Gunta, Cents, Hectares)
(ii) Details of Dwelling Inter	est		

Asset as on Security	Nature of Property	Plot ID Number	Survey No. /GAT No."
nterest Creation date (in INR)			
,			
Dwelling Unit ID	Floor No.	Building Name &	Street name and number
Number	TIOOT NO.	Society Name	Street name and number
Sector/Block Number	Locality	Landmark	Village/Town
Гаluka	*Pin Code	District	State
Latitude	Longitude	Area of dwelling (Square	feet/meter)
iii) Bounded by			
By North	By South	By East	By West
"Survey number, GAT numbe tates or union territories ca		mber, Mouza number, Phase number or	any other such similar representation in various
			Office/Municipal Corporation /Grampanchayat are
o be specified and also the o	area of the immovable propert	y as well as boundaries)	
L6 (a) Whether any of the	e property or interest there	in under reference is not registered	d in the Yes No
(b) CIN / LLPIN / FLLPIN o there in is registered (if a		n whose name property or interest	
(c) PAN of the Individual (in whose name property or	interest therein is registered	
d) If yes, in whose name	it is registered		
Note: If more than one chorovided in attachment.	narge holder involved, detai	L Is of extent of charge, particulars of	f property charged, amount secured to be
Other Details			
17 Date of creation/ last	modification prior to the pr	esent modification (DD/MM/YYYY)	
18 Particulars of present	modification		
F 31.1			
		L	

Attachments	
19 (a) Instrument of creation or modification	
(b) Instrument evidencing creation or modification of charge in case of acquisition of property which is already subject to charge	
(c) Letter of charge holder stating that the amount has been satisfied	
(d) Optional attachment(s) - if any	
To be digitally signed by	
Designated partner or Authorized representative	
DPIN / Income-tax PAN	
Verification	
I/ we confirm that the attached charge instrument(s) or document(s) is/ are true copies charge holder and all the information and particulars mentioned above are derived the I/ we am/ are duly authorized to sign this form.	
To be digitally signed by:	
Designation	
Charge holder	
To be digitally signed by:	
Designation	
ARC or Assignee	
Certificate	
* 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 furt	her certify that all required attachment(s)
have been completely attached to this form.	
* Category	
Chartered Accountant in whole time practice	
Company Secretary in whole time practice	
Cost Accountant in whole time practice	

* Whether:	
○ Associate ○ Fellow	
*Membership number or Certificate of Practice number	
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e-Form filing date (DD/MM/YYYY)	