

Form language

☐ English ☐ Hindi



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Individual Partner details

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

☐ 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

(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

(l) *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

☐ NO

(t) Details of company(s)/ LLP(s) in which partner/ designated partner is a director/ partner

8. Details of bodies corporate as partners

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

Summary of Partner/ Designated Partner**9 *Summary of designated partner/partner(s) as on 31st March of the period for which annual return is being filed**

S. No.	Category	Number of partners	Number of Designated Partners		Total
			Resident in India	Others	
a	Individuals				
b	LLPs				
c	Companies				
d	Foreign LLPs				
e	Foreign companies				
f	LLPs incorporated outside India				
g	Companies incorporated outside India/ Companies registered in Sikkim				
	Total				

Penalty details**10 *Particulars of penalties imposed on the:**

(i) *Limited liability partnership

(a) Number of rows required

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

(ii) *Partners / Designated partners

(a) Number of rows required

(f)	(g)	(h)	(i)	(j)	(k)
DPIN/ Income tax PAN/ passport number	Name of Partner / Designated Partner	Name of Nominee in case of body corporate	Section Number	Offence	Penalty Imposed

Compounding Offence details

11 *Particulars of compounding offences

(a) Number of rows required

(b)	(c)	(d)
Section Number	Offence	Date of compounding of offence (DD/MM/YYYY)

12 *Whether turnover of the LLP exceeds 5 crores

☐ Yes

☐ No

Attachments

13 Optional attachment(s) - if any

Verification

* ☐ To the best of my knowledge and belief, the information given in this form and its attachment 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

☐ 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 further 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 which provide for punishment for false statement / certificate and punishment for false evidence respectively.

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:

e-Form Service request number (SRN)

e-Form filing date (dd/mm/yyyy)