Form 3 [See rule 21]

Information with regard to Limited Liability Partnership Agreement and changes, if any, made therein

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

| This Form is for | | Filing information with regard to LLP Agreement | For information with regard to changes in LLP Agreement |
|------------------|-------------------|---|---|
| Part A - I | For filing | information with regard to | LLP Agreement |
| 1. | *LLPIN | | |
| 2. | *Name o | of Limited Liability Partnership | |
| 3. | *Place Agreeme | at which the Limited Lent is made | iability Partnership |
| 4. | (i) *Date | of the Agreement | |
| | (ii) Date | of ratification | |
| 5. | *Address | s of Registered Office | |
| | *Line 1 | | |
| | *Line 2 | | |
| | *City | Distr | ict |
| | *State | , | PIN Code |
| | *ISO Co | ountry Code C | Country |
| | Phone | | Fax |
| | *Ema | ail ID | |

| | usiness to be carried on by the Lim rtnership | nited Liability |
|-------|---|-----------------|
| | | |
| * [| Designated Partners | |
| ٠, | Whether each of the partners from time to signated partner. | time is to be |
| | Yes No | |
| (i) | Names of persons who shall be designate incorporation. | d partners on |
| | Name | DPIN |
| (ii) | *Acts, matters or things required to be designated partner in respect of the country the provisions of the Act. | |
| | 1. 2. 3. | |
| (iii) | *Powers in relation to acts, matters, or the designated partner can exercise consent of all the partners/requisite percentage of partners. | only with the |
| | 1. 2. 3. | |

| 8. | *Obligation to contribute | | | | |
|----|---|--|--|--|--|
| | (i) Obligation of each partner to contribute money or property or other benefit or to perform services. | | | | |
| | SN | Name of Partner | Nature and specification of obligation to contribute | | |
| | (ii) Total Mo LLP (in Rs.) (| onetary value of contribution figure) (in words) | tion by partners in the | | |
| 9. | *Partners' po | wers and duties | | | |
| | (i) Powers, duties and authority of each partner. | | | | |
| | (a) Powers of the partners | | | | |
| | (b) Duties of the partners | | | | |
| | (c) Authority of the partners | | | | |
| | (ii) Mutual rig | hts and duties of partner | rs . | | |
| | | | | | |
| | (iii) Mutual ri and partners | ghts and duties of limite | ed liability partnership | | |
| | | | | | |
| 10 | *Restriction | ons if any on the partne | rs' authority | | |

| 11. *Management and Administration of Limited Liability Partnership |
|---|
| (i) Acts, matters or things, if any, which can be done only with the consent of all the partners. |
| |
| (ii) Acts, matters or things, if any, which can be done with the consent of majority of the partners. |
| |
| (iii) Acts, matters or things, if any, which can be done only with the consent of requisite number or percentage of the partners. |
| |
| (iv) Manner, if any, in which the consent of the partners is to be obtained. |
| |
| (v) Procedure for calling, holding and conducting meetings, (where the decisions are to be made at meetings of partners.) |
| |

12. * Whether the LLP has a common seal

| | Yes No |
|-----|---|
| | If yes, authority to affix the seal |
| | |
| 13. | * Details of indemnity clause, if any - |
| | |
| 14. | *Clauses of the Agreement relating to - |
| | (a) admission of a new partner (b) retirement of a partner (c) cessation of a partner (d) expulsion of a partner (e) resignation of a partner |
| 15. | *Details of obligations, rights, entitlements of a partner on admission, retirement, cessation, expulsion or resignation. |
| | |
| 16. | *Clauses relating to resolution of disputes |
| | (a) Between the partners; or(b) Between the partner and the LLP. |
| 17. | *Duration of Limited Liability Partnership, if any. |
| | |
| 18. | *Clauses, if any, relating to voluntary winding up |
| | |

| | (a) relating to rule 16 (2) |
|-----------|---|
| | (b) relating to rule 17(1) |
| | (c) relating to rule 20(1) |
| | (d) relating to rule 24(18)(a) |
| Partr | Any other information or clause relating to the Limited Liability nership Agreement not covered above (optional). |
| <u>B.</u> | For Filing information with regard to changes (addition, omission or alteration) in the Limited Liability Partnership |
| | Agreement |
| | |
| 21. | *LLPIN |
| | |
| 22. | *Name of the Limited Liability Partnership |
| | *Line 1 |
| | *Line 2 |
| | *Line 2 District District |
| | *Line 2 |
| | *Line 2 District District |
| | *Line 2 |
| | *Line 2 *City District |
| | *Line 2 |
| 24. * | *Line 2 *City District |
| 24. * | *Line 2 *City District *State *PIN Code *ISO Country Code *Country Phone Fax *Email ID |
| 25. * | *Line 2 *City District *State *PIN Code *ISO Country Code *Country Phone Fax *Email ID |
| 25. * | *Line 2 *City District PIN Code *ISO Country Code *Country Phone Fax * Email ID Date of the modification of the agreement Please indicate the changes in the LLP agreement pertaining |

| 27. *N | Moneta | ry value of c | contribution (in Rs) (in figures) - |
|----------------|------------|---------------------------------|---|
| | (i) | Existing | |
| | (ii) | Addition | |
| | (iii) | Total | |
| | | | *Statement |
| I | | | ○ son ○ daughter ○ wife |
| of | | | state as under : |
| (i) | a: th | s a designat ne limited liab | on named in the Incorporation Document ted Partner/I am a designated Partner of bility partnership; |
| (ii) | th re | ne limited lia | culars given above are in accordance with ability partnership agreement/ agreement hange in the limited liability partnership |
| (iii) | th | ne original Li | imited Liability Partnership Agreement will whenever called for; |
| (iv) | in | case of ch | ange in contribution, the fees payable to been/being paid; |
| (v) | th | • | is statement conscientiously believing the |
| <u>Attachm</u> | <u>ent</u> | | |
| Optional | | | |
| To be DPIN | | lly signed by | / designated partner |
| Date: | | | |
| Place: | | | |

| It is hereby certified that I have verified the above particulars from the books and records of |
|--|
| (name of the LLP) and found them to be true and correct. |
| ○ Company Secretary in practice ○ Chartered Accountant in practice |
| Whether associate or fellow O Associate O Fellow |
| Membership Number or Certificate of Practice Number |
| To be digitally signed by Company Secretary in practice/ Chartered Accountant in practice/ Cost Accountant in practice Date: (DDMMYYYY) |
| Place: |
| Modify Check form Pre-scrutiny Submit |
| For office use only |
| This e-form is hereby registered Confirm submission Digital signature of the authorizing officer |