



सत्यमेव जयते

LLP Form No.4

Notice of appointment, cessation, change in name/ address/designation of a designated partner or partner and consent to become a partner/designated partner/declaration of designated partner with respect to beneficial interest

[Pursuant to rule 8, 10(3), 22(2), 22(3) and 22B (4) of Limited Liability Partnership Rules, 2009]

Form language

English Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory.

1(a) *Limited Liability Partnership identification number (LLPIN)

(b) *Name of the Limited Liability Partnership (LLP)

(c) *Address of the registered office of the LLP

(d) *Email ID

2 (a) *Number of individual designated partner(s) for which this form is being filed

(b) *Number of bodies corporate and their Nominees as designated partners for which this form is being filed

(c) *Number of individual partner(s) for which this form is being filed

(d) *Number of bodies corporate as partners and their nominees for which this form is being filed

(e) *Total number of partner(s)/ designated partner(s) for which the form is being filed.

3 Details of individual designated partner(s) for which this form is being filed

(a) The form is being filed for

Appointment Cessation Change in designation

Declaration

(b) Date of Event (dd/mm/yyyy)

(c) Changed designation (Category)

(d) In case of change in designation to Designated Partner, DPIN/ Income-tax PAN/ Passport number of partner

(e) Designated partner identification number (DPIN)

(f) Name	<input type="text"/>
(g) Whether resident of India	Yes <input type="radio"/> No <input type="radio"/>
(h) Number of LLP(s) in which he/she is a partner	<input type="text"/>
(i) Number of company(s) in which he/she is a director	<input type="text"/>
(j) I shall be held responsible for furnishing and extending co-operation for providing information with respect to beneficial interest in contribution in the LLP	<input type="radio"/> Yes <input type="radio"/> No

4 Details of bodies corporate and their nominees as designated partners for which this form is being filed

(a) The form is being filed for

Appointment
 Cessation
 Change in Designation
 Change in Nominee
 Change in address of body corporate
 Change in name of body corporate
 Declaration

(b) Date of Event (dd/mm/yyyy)

(c) Type of body corporate ▼

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

(d) Corporate identification 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

(e) Name of body corporate

Proof of change in Name of body corporate Max 2 MB

(f) Country where registered ▼

(g) Full address of registered office or principal place of business in India

Address Line I

Address Line II

Country ▼

Pin code

Area/Locality ▼

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

(h) Phone

(i) E-mail ID

(j) Previous name, address of the body corporate

Name and particulars of the person signing on behalf of the body corporate as nominee

(k) DPIN

(l) Name

(m) Whether resident of India

 Yes No

(n) Designation & Authority in body corporate

(o) Changed designation (Category)

(p) DPIN/ PAN/ Passport number of the previous nominee

(q) Name of the previous nominee

(r) I shall be held responsible for furnishing and extending co-operation for providing information with respect to beneficial interest in contribution in the LLP Yes No**5 Details of individual partner(s) for which this form is being filed**

(a) The form is being filed for

Appointment

Cessation

Change in Name of Partner

Change in designation

Change in address

*In case user is having DIN/DPIN then file DIR-6 for any changes in name/Address. For all other partners, file the changes through Form 4

(b) Date of Event (dd/mm/yyyy)

(c) Income tax permanent account number (Income-tax PAN)

Passport Number

 DPIN

(d) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

[Verify income-tax PAN/ Pre-Fill](#)

(e) Name of partner

First name

Middle name

Last name

Proof of change in Name of partner

Max 2 MB

Choose File

Remove

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(f) Father's Name

First name

Middle name

Last name

(g) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in permanent residential address

Max 2 MB

Choose File

Remove

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(h) Whether present residential address is same as the permanent residential address

Yes

No

(i) If no, present residential address

Address Line I

Address Line II

Country

Pin Code/Zip Code	<input type="text"/>
Area/Locality	<input type="text"/>
City	<input type="text"/>
District	<input type="text"/>
State/UT	<input type="text"/>
Jurisdiction of Police Station	<input type="text"/>
Proof of change in present residential address	<input type="text" value="Max 2 MB"/> <input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(j) Phone	<input type="text"/>
(k) Mobile	<input type="text"/>
(l) Email ID	<input type="text"/>
(m) Previous name/ previous address	<input type="text"/>
(n) Whether resident in India	<input type="radio"/> Yes <input type="radio"/> No
(o) Nationality	<input type="text"/>
(p) Date of Birth (dd/mm/yyyy)	<input type="text"/>
(q)(i) Occupation type (Self Employed/ Professional/ Homemaker/ Student/ Serviceman)	<input type="text"/>
(q)(ii) Area of occupation (Government/ Teaching/ Others)	<input type="text"/>
(q)(iii) If 'others' selected, please specify	<input type="text"/>
(r) Changed designation (Category)	<input type="text"/>
(s) Number of LLP(s) in which he/she is a partner	<input type="text"/>
(t) Number of company(s) in which he/she is a director	<input type="text"/>

6 Details of bodies corporate as partners and their nominees for which this form is being filed

(a)*The form is being filed for

- Appointment Cessation Change in Nominee Change in Designation
 Change in address of body corporate Change in name of nominee Change in name of body corporate
 Change in address of nominee

(b) Date of Event (dd/mm/yyyy)

(c) Type of body corporate

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

(d) CIN or FCRN or LLPIN or FLLPIN or any other identification number

(e) Name of body corporate

Proof of change in name of body corporate

Max 2 MB

Choose File

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(f) Country where registered

(g) Full address of registered office

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of body corporate

Max 2 MB

Choose File

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(h) Phone

(i) Email ID

(j) Previous name/ previous address

(k) Name and particulars of the person signing on behalf of the body corporate as nominee

(l)* Income tax permanent account number (Income-tax PAN)

Passport Number

DPIN

(m) Income tax permanent account number (Income-tax PAN) or Passport Number or DPIN

Verify income-tax PAN/ Pre-Fill

(n) Name of Nominee

First name

Middle name

Last name

Proof of change in Name of Nominee

Max 2 MB

Choose File

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(o) Father's Name

First name

Middle name

Last name

(p) Permanent Residential Address

Address Line I

Address Line II

Country

Pin Code/Zip Code

Area/Locality

City

District

State/UT

Jurisdiction of Police Station

Proof of change in address of nominee

Max 2 MB

Choose File

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(q) Whether present residential address is same as the permanent residential address

Yes

No

(r) If no, present residential address

Address Line I

Address Line II

Country	<input type="text"/>	<input type="button" value="▼"/>
Pin Code/Zip Code	<input type="text"/>	
Area/Locality	<input type="text"/>	<input type="button" value="▼"/>
City	<input type="text"/>	
District	<input type="text"/>	
State/UT	<input type="text"/>	
Jurisdiction of Police Station	<input type="text"/>	
Proof of change in address of Nominee	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(s) Phone	<input type="text"/>	
(t) Mobile	<input type="text"/>	
(u) Email ID	<input type="text"/>	
(v) Previous name/ previous address	<input type="text"/>	
(w) Whether resident in India	<input type="radio"/> Yes	<input type="radio"/> No
(x) Nationality	<input type="text"/>	<input type="button" value="▼"/>
(y) Date of Birth (dd/mm/yyyy)	<input type="text"/>	
(z)(i) Occupation type (Self Employed/ Professional/ Homemaker/ Student/ Serviceman)	<input type="text"/>	<input type="button" value="▼"/>
(z)(ii) Area of occupation (Government/ Teaching/ Others)	<input type="text"/>	<input type="button" value="▼"/>
(z)(iii) If 'others' selected, please specify	<input type="text"/>	
(aa) Designation & Authority in body corporate	<input type="text"/>	
(ab) Changed designation (Category)	<input type="text"/>	
(ac) Income-tax PAN/ passport number/ DPIN of the previous nominee	<input type="text"/>	
(ad) Name of the previous nominee	<input type="text"/>	
Attachments		
(a) Consent to become a partner/ designated partner	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(b) Related Entity Details	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>
(c) Evidence of cessation	<input type="text" value="Max 2 MB"/>	<input type="button" value="Choose File"/> <input type="button" value="Remove"/> <input type="button" value="Download"/>

(d) Where the appointed partner is a 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 letterhead mentioning the name and address of an individual nominated to act as nominee/ designated partner on its behalf.

Max 2 MB

Choose File

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(e) Optional attachment (if any)

Max 2 MB

Choose File

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Statement

* To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete

* I, being a designated partner of the LLP, am authorised to sign and submit this form

*To be digitally signed by a designated partner

DSC BOX

* DPIN of the Designated Partner

Certificate by practicing professional

* 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.

* Category

Chartered accountant (in whole time practice)

Cost accountant (in whole time practice)

Company secretary (in whole-time practice)

* Whether associate or fellow:

Associate

Fellow

*Membership number or certificate of practice number

*Signature Field 2

DSC BOX

Save

Submit

For office use only:

eForm Service request number (SRN)	<input type="text"/>
eForm filing date (dd/mm/yyyy)	<input type="text"/>
This e-Form is hereby registered	
Digital signature of the authorizing officer	DSC BOX
Date of signing (dd/mm/yyyy)	<input type="text"/>

Or

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

For office use only:

eForm Service request number (SRN)	<input type="text"/>
eForm filing date (DD/MM/YYYY)	<input type="text"/>

**“FORM- 4A
Register of Partners**

[Pursuant to section 23 of Limited Liability Partnership Act, 2008 and rule 22A of the Limited Liability Partnership Rules, 2009]

LLPIN:**Name of the LLP:****Registered Office Address:**

S. N.	Personal details of the Partner			
1	Name of the Partner:			
2	Corporate Identification Number, / Registration No.:			
3	Unique Identification No:			
4	Address/ Registered address (in case of body corporate):			
5	E-mail Id:			
6	Father's/ Mother's/ Spouse's name:			
7	Status:			
8	Occupation:			
9	PAN No.:			
10	Whether citizen of India (Yes/No)			
11	Nationality:			
Details of Partnership:				
13	Date of becoming partner:			
		As on date	As on date	As on date
13A	SRN number and date of filing e-form-3 intimating the information about the partner			
	<u>Form of Contribution, specify monetary values:</u>			
14*	<u>Cash -</u>			
(i)	<u>Bank -</u>			
(ii)	<u>Promissory Notes -</u>			
(iii)	<u>Other benefits contributed/ to be contributed under any Contract/agreement -</u>			
(iv)	<u>Tangible assets:</u>			
(v)	<u>Immovable Property -</u>			
(vi)	<u>Movable Property -</u>			
	<u>Intangible Assets:</u>			

15*	Total amount of contribution:			
16*	% share in total contribution:			
17*	% change in total contribution by effect of admission of Partner:			
18*	% change in total contribution by effect of retirement/ expulsion/ insolvency of partner:			
Details of Beneficial Ownership:				
19	Date of declaration under rule 22B of Limited Liability Partnership Rules, 2009, if applicable:			
20	Name and address of beneficial partner:			
21	Amount of contribution by beneficial partner:			
Details of Nominee:				
22	Date of receipt of nomination, if applicable:			
23	Name and address of nominee:			
Details of Cessation:				
24	Date of cessation of partnership:			
25	Reason of cessation of partnership:			
26	Name of transferee, if any			
26A	SRN number and date of filing E-form-3 intimating the information about the partner			
Remarks, if any				
27	Authentication/ signature:			

*Note: Whenever there is change in agreement or beneficial interest, the same may be entered date-wise in the Register of member.

FORM- 4B

Declaration by the Registered Partner who does not hold the beneficial interest in the Contribution [Pursuant to section 23 of Limited Liability Partnership Act, 2008 and sub-rule (1) of rule 22B of the Limited Liability Partnership Rules, 2009]

To

Name of the Limited Liability Partnership:

Registered office address:

1 Particulars of the Registered Partner:

(i) Name :

(ii) PAN/ Unique Identification Number/ Corporate Identification Number, (in case of company/ body Corporate) :

(iii) folio number in the register of partners

2 Declaration:

In pursuance of sub-rule (1) of rule 22B of the Limited Liability Partnership Rules, 2009, I,, hereby declare that the person(s) named below hold(s) the beneficial interest in the Contribution of the Limited Liability Partnership amounting to Rs. registered in my name in the register of partners of this Limited Liability Partnership.

3 Particulars of the Beneficial Partner:

(i) Name of the beneficial Partner(s) :

(ii) Address and E-mail id :

(iii) Date of birth/ Age :

(iv) Father's/ Mother's/ Spouse Name :

(v) Occupation :

(vi) Nationality :

(vii) PAN/ Unique Identification number/ Corporate Identification Number (in case of company/ body Corporate) :

(viii) Passport Number. (in case of foreign national) :

4 Details of the beneficial interest:

(i) Nature of the beneficial interest:

(ii) Date of creation of the beneficial interest:

(iii) Reasons for not registering contributions in the name of the beneficial partner:

(iv) Particulars of the instrument/ document, if any, showing the creation of such beneficial interest:

5 Particulars of change in beneficial interest:

(i) Date of change:

- (ii) Nature of the change in the beneficial interest:
- (iii) Brief particulars of such change:
- (iv) Reason for such change:
- (v) Particulars of the instrument/ document, if any, showing the change in such beneficial interest:

Date:**Signature****Place:****(Registered Partner)**

Enclosures:

1. Proof of identity of the registered partner and beneficial partner;
2. Instrument/ document under which the beneficial interest is created/ transferred/ changed.

FORM- 4C**Declaration by the Partner who holds or acquires beneficial interest in the Contribution but whose name is not entered in the Register of Partners**

[Pursuant to section 23 of Limited Liability Partnership Act, 2008 and sub-rule (2) of rule 22B of the Limited Liability Partnership Rules, 2009]

To

Name of the Limited Liability Partnership:

Registered office address:

1 Particulars of the Beneficial Partner:

- (i) Name of the beneficial Partner:
- (ii) Address and E-mail id :
- (iii) Date of birth/ Age :
- (iv) Father's/ Mother's/ Spouse Name :
- (v) Occupation :
- (vi) Nationality :
- (vii) PAN/ Unique Identification number/ Corporate Identification Number (in case of company/ body Corporate) :
- (viii) Passport number (in case of foreign national) :

2 Declaration:

In pursuance of sub-rule (2) of rule 22B of the Limited Liability Partnership Rules, 2009, I,, hereby declare that I hold/ have acquired the beneficial interest in the Contribution of the Limited Liability Partnership amounting to Rs. which is registered in the name of the person whose particulars are furnished below:

3 Particulars of the Registered Partner:

- (i) Name of the registered partner :
- (ii) PAN/ Unique Identification Number/ CIN (in case of company/ body Corporate) :
- (iii) folio number in the register of partners

4 Details of the beneficial interest:

- (i) Date of creation / acquisition of beneficial interest:
- (ii) Mode of acquisition of beneficial interest, specify:
- (iii) Nature of the beneficial interest:
- (iv) Reasons for not registering contribution in my name:
- (v) Particulars of the instrument/ document, if any, showing the creation of such beneficial interest:

5 Particulars of the person from whom the beneficial interest is acquired, if applicable:

- (i) Name of the transferor of beneficial interest:
- (ii) Whether contribution was registered in his name:
(If not, whether any declaration under sub-rule (2) of rule 22B of Limited Liability Partnership Rules, 2009 was filed by him to the Limited Liability Partnership. If so, date of such declaration)
- (iii) Particulars of the instrument/ document, if any, showing the transfer of such beneficial interest:

6 Particulars of change in beneficial interest:

- (i) Date of change:
- (ii) Nature of the change in the beneficial interest:
- (iii) Brief particulars of such change:
- (iv) Reason for such change:
- (v) Particulars of the instrument/ document, if any, showing the change in such beneficial interest:

Date:

Place:

Enclosures:

1. Proof of identity of the registered partner and beneficial partner;
2. Instrument/ document under which the beneficial interest is created/ transferred/ changed.

Signature

(Beneficial Partner)



-LLP Form No. 4D

Return to the Registrar in respect of declaration of beneficial interest in contribution received by the LLP
[Pursuant to section 23 of Limited Liability Partnership Act, 2008 and sub-rule (3) of rule 22B of the Limited Liability Partnership Rules, 2009]

Form language

 English Hindi

Refer instruction kit for filing the form

All fields marked in * are mandatory

1 (a) *Limited Liability Partnership Identification Number (LLPIN)

2 (a) *Name of the Limited Liability Partnership (LLP)

(b) *Address of the registered office of the LLP

(c) *E-mail ID

3 *Number of Registered Partners for whom the form is being filed

Particulars of the Beneficial Interest

4 (a) *Declarations made under which sub-rule of rule 22B of Limited Liability Partnership Rules, 2009

(b) *Date of such declaration (DD/MM/YYYY)

(c) *Date of receipt of the said Declarations by the LLP (DD/MM/YYYY)

(d) *Amount of Contribution in respect of which beneficial interest is created (INR)

(e) Particulars of Registered Partner

*Type of Registered Partner

 Individual Body CorporateBody Corporate Identification Number
(CIN/ LLPIN/ Other Registration Number)

Income Tax PAN / DPIN/ Passport Number

 Income Tax PAN DPIN Passport Number

Income Tax PAN / DPIN/ Passport Number

*Name of Registered Partner

*Nationality / Country of incorporation

*Date of birth/ Date of incorporation

*Mobile number

Address of Registered Partner

*Address Line 1

Address Line 2

*Country

*Pin code

*Area/Locality

*City

*District

*State/UT

*Email Id

Father's Name/Mother's Name/ Spouse Name

Father's Name

Mother's Name

Spouse Name

*First Name

Middle Name

*Last Name

Details of the nominee

Income Tax PAN / DPIN/ Passport Number

Income Tax PAN

DPIN

Passport Number

Income Tax PAN / DPIN/ Passport Number

Name of nominee

*Date of entry in the register (DD/MM/YYYY)

(f) Particulars of Beneficial Partner

*Income Tax PAN/ Passport Number

Income Tax PAN

Passport Number

*Income Tax PAN/ Passport Number

Verify income-tax PAN

*Name of Beneficial Partner

*Nationality

Address of Beneficial Partner

*Address Line 1

Address Line 2

*Country

*Pin code

*Area/Locality

*City

*District

*State/UT

*Father's Name/Mother's Name/ Spouse Name

Father's Name

Mother's Name

Spouse Name

*First Name

Middle Name

*Last Name

*Email Id

*Date of creation / acquisition of beneficial interest (DD/MM/YYYY)

*Nature of the beneficial interest

Attachments

(a) Declaration under sub-rule (1) of rule 22B of LLP Rules, 2009

Max 2 MB

Choose File

Remove

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(b) Declaration under sub-rule (2) of rule 22B of LLP Rules, 2009

Max 2 MB

Choose File

Remove

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(c) Optional attachments (if any)

Max 2 MB

Choose File

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Statement

*To the best of my knowledge and belief, the information given in this form and its attachments is correct and complete

*I, being a designated partner of the LLP, am authorised to sign and submit this form

*To be digitally signed by a designated partner

DSC BOX

*DPIN of the Designated Partner

Save

Submit

This eForm has been taken on file maintained by the registrar through electronic mode and on the basis of statement of correctness given by the filing LLP.

Or

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

This e-Form is hereby registered

Digital signature of the authorizing officer

DSC BOX

Date of signing (DD/MM/YYYY)

”

[F. No. Policy-01/2/2021-CL-V-MCA-Part(2)]

INDER DEEP SINGH DHARIWAL, Jt. Secy.

Note.- The principal rules, were published in the Gazette of India, Extraordinary, Part-II, Section 3, Sub-section (i), vide number G.S.R. 229 (E), dated the 1st April, 2009, and last amended, vide number G.S.R. 644 (E) dated the 1st September, 2023.