

LIMITED LIABILITY PARTNERSHIP (WINDING UP AND DISSOLUTION) RULES, 2012

No. 1 [See rule 5]

1. LLPIN

2. Name of the Limited Liability Partnership

3. Full address of the registered office of the Limited Liability Partnership

Line 1

Line 2

City District

State PIN Code

Country

4. Date of Passing resolution

5. Number of Partners

6. Three-fourths majority of partners consented for voluntary winding up -Yes ☐

List of attachments

- (1) Copy of the resolution.
- (2) Copy of the Authority
- (3) Optional attachment.

Verification

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

I have gone through the provisions of the Limited Liability Partnership Act, 2008, and the rules framed there under.

I have been authorized to sign and submit this application.

To be digitally signed by designated partner

DPIN
Dated: _____

Place: _____