

LLP FORM NO.17

[Pursuant to rule 38(1) of Limited Liability Partnership Rules, 2009]



Application and statement for the conversion of a firm into Limited Liability Partnership (LLP)

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

Part A: Application

1. *Indicate Registrar's reference number for name approval
(Service Request Number (SRN) of Form 1)
2. Name of the Limited Liability Partnership (LLP)
3. *Name of the firm
4. Principal address of the firm
 - * Line I
 - Line II
 - * City *District
 - * State *PIN
 - * Country
 - ISO Country Code Phone Fax
 - * Email ID
5. (a) *Whether the firm is registered under the Partnership Act, 1932. ☐ Yes ☐ No
 - (b) *Date of agreement by which firm was formed (DD/MM/YYYY)
6. *Total number of partners in the firm
7. *Total capital contribution in the firm (in Rs.)
8. Total number of partners in the LLP
9. *Whether all the partners of firm have given their consent for conversion of the firm into the limited liability partnership. (attach the copy of the consent.) ☐ Yes ☐ No
10. *Whether all the partners of the limited liability partnership comprise all the partners of the Firm and no one else. ☐ Yes ☐ No
11. *Whether up to date Income-tax return is filed under the Income-tax Act, 1961. ☐ Yes ☐ No
If Yes, indicate the financial year end date upto which such return has been filed (DD/MM/YYYY)
12. *Whether any proceedings by or against the firm are pending in any Court or Tribunal or any other Authority. ☐ Yes ☐ No
13. *Whether any earlier application for conversion of the said firm into limited liability partnership was refused by the Registrar. ☐ Yes ☐ No
14. *Whether any conviction, ruling, order, judgment of any Court, Tribunal or other authority in favour of or against the firm are subsisting. ☐ Yes ☐ No
15. (a) *Whether there are any secured creditors ☐ Yes ☐ No

16. *Whether any clearance, approval or permission for conversion of the firm into limited liability partnership is required from any other body/authority.

☐ Yes

☐ No

Part B: Statement

Declaration

* ☐ 1. I, partner of

registered under the Indian Partnership Act, 1932 or under

at (name of the place) in the

State/UT of Territory) on

(DD/MM/YYYY) registration number and also named in the incorporation document of

as a partner or designated partner give my consent for the conversion of the said firm M/s

into the limited liability partnership.

* ☐ 2. I state that I shall be personally liable (jointly and severally with the limited liability partnership) for the liabilities and obligations of the firm which were incurred prior to the conversion or which arose from any contract entered into prior to the conversion.

* ☐ I further state as under:

(i) that all the requirements of the Limited Liability Partnership Act, 2008 and the rules made thereunder have been complied with, in respect of conversion of firm into limited liability partnership and matters precedent and incidental thereto;

(ii) that all the partners of the limited liability partnership comprise all the partners of the firm and no one else;

(iii) that the applicable clearances, approvals or permissions for conversion of the firm into a limited liability partnership from any body/authority have been obtained;

(iv) that the consent of all the creditors for conversion of the firm into limited liability partnership has been obtained;

(v) that to the best of my knowledge and belief, the information given in this form and its attachments is correct and complete.

Attachments

1. *Statement of consent of partners of the firm
2. *Statement of Assets and Liabilities of the firm duly certified as true and correct by the Chartered Accountant in practice.
3. *Copy of acknowledgement of latest income tax return
4. Approval from any body/authority.
5. List of all the secured creditors along with their consent to the conversion
6. Optional attachment (If any)

Attach

Attach

Attach

Attach

Attach

Attach

List of attachments

Remove attachment

***To be digitally signed by a partner or designated Partner**

***DPIN of the Designated Partner**

Certificate

It is hereby certified that I have verified the above particulars from the books and records of

and found them to be true and correct.

* ☐ Company Secretary in whole time practice ☐ Cost Accountant in whole time practice

☐ Chartered Accountant in whole time practice

* Whether associate or fellow ☐ Associate ☐ Fellow

* Membership number or certificate of practice number

Modify

Check Form

Prescrutiny

For office use only:

eForm Service request number (SRN)

eForm filing date

(DD/MM/YYYY)

Digital signature of the authorising officer

This e-Form is hereby approved

Confirm submission

This e-Form is hereby rejected

Date of signing

(DD/MM/YYYY)