

Form No.5
[See sub-rule (4) of rule 8]

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. SRN of delivering of the Declaration of solvency
by Designated Partner to the Registrar
5. Date of meeting of partners **at** which resolution for voluntary
winding up was passed
6. Date of forwarding copy of the declaration etc to the creditors
7. Date of consent of creditors
8. Two third in value of Creditors of the LLP consented—Yes ☐

List of attachments

- (1) Copy of the consent.

(2) Copy of the Authority

(3) Optional attachment.

Verification

To the best of my knowledge and belief, the information given in the form is correct and complete.

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

Copy of the consent is attached.

I have been authorized to sign and submit this application.

To be digitally signed by designated partner
DPIN

Dated:_____

Place:_____

