## Form 1

[See rule 18(5)]

## Application for reservation or change of name

Note – All fields marked in \*are to be mandatorily filled. 1. \*Application for ☐ Incorporating a new limited liability partnership (LLP) ☐ Changing the name of an existing limited liability partnership. Part A: Reservation of name 2. Details of the applicant (i) (a)\* Whether applicant is an Individual as partner  $\square$  or nominee of a body corporate as a partner  $\square$ (b) \*Designated Partner Identification Number (DPIN) or Income-tax permanent account number (PAN) or passport number (ii) (a) \*Name (b) \*Occupation (c) \*Address Line 1 Line II (d) \*City (e) \*State (f) \*Pin code (g) \*ISO Country Code

(h) \* Country

(i) *e-mail ID						
(j) Phone			(k) Fax			
3. Details of two proposed designated partners (one of them should be a resident in India)						
(i) *Category (drop down) Individual, LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).						
(ii) *DPIN/Income-tax PAN/passport number; or LLPIN; or corporate identity number (CIN); or LIOI registration number; or CIOI registration number						
(iii) *Name (iv) *Name of nominee, in case of body corporate (v) Details (number/date) of resolution authorizing nominee						
(i) *Category (drop down) Individual, LLP, Company, LLP incorporated outside India (LIOI), Company incorporated outside India (CIOI).						
(ii) *DPIN/Income-tax PAN/passport number; or LLPIN; or corporate identity number (CIN); or LIOI registration number; or CIOI registration number						
(iii) *Name						
(iv) *Name of nominee, in case of body corporate						
(v) Details (number/date) of resolution authorizing nominee						
4.* Name of the state in which the proposed LLP is to be registered						
5.* Name of the office of Registrar in which the proposed LLP is to be situated						

6. Whether the application is for conversion of firm or private company or					
unlisted public company into LLP Yes ☐ No ☐  If yes, enter the following details					
(I) In case of conversion of firm:					
(i) Name of the firm					
(ii) Whether the firm is registered Yes □ No □ If Yes, enter the following details:					
(a) Name of the Statute/law under which firm is registered					
(b) Name of the state in which firm is registered					
(c) Date of registration DD/MM/YYYY					
(d) Registration number					
(II) In case of conversion of private company or unlisted public company (a) CIN					
(b) Name					
7. * Proposed business of the Limited Liability Partnership (if the business includes banking and stock exchange, a copy of the in-principle approval of the appropriate authority should be attached)					
8. *Proposed monetary value of contribution (in Rs) in figure					
in words					
Part B: In case of change of name					
9. * LLPIN of limited liability partnership					
10. (a) *Name of the limited liability partnership					
(b) *Address of registered office of the limited liability partnership					
*Line 1					
*Line 2					

	*City	District
	*State	*PIN Code
	*ISO Co	ountry Code *Country
	*e-mail l	ID Phone
	Fax	
11. * Re	asons for ch	nange of name
12. *Ex	cisting Mone	tary value of contribution ( in Rs.) (in figure) (in words)
Part C: name of		arding reservation of name or change of existing
13. Pro preferen		e of the LLP (please give six names in order of
(a)*		Limited Liability Partnershin/LLP
(b)		
(c)		
(d)		
(e)		
(f)		
	ate the sign d name(s) (i	difficance of the key or coined word(s), if any; in the in brief)
(a)		
(b)		
(c) <sub>[</sub>		
(d)		
(e)		

(f)						
(In case proposed name includes an activity, such activity should be reflective of the proposed business of the LLP)  15. (a) * Whether the proposed name(s) is/are based on a registered trade mark or is the subject matter of an application pending for registration under the Trade Marks Act.  (Please Tick ☒) Yes ☒ No ☒						
(b) If yes, furnish particulars of trade mark or application						
<ol> <li>Attachments         <ol> <li>In case of change of name of an existing limited liability partnership, a copy of the decision</li></ol></li></ol>						
Remove attachment  Verification  To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete, and the proposed name is not undesirable, identical or too nearly resembles to that of any other partnership firm or limited liability partnership or body corporate or a registered trade mark or a trade mark which is subject of an application for registration of any other person under the Trade Marks Act, 1999.						
I have gone through the provisions of the Limited Liability Partnership Act, 2008, and the rules framed thereunder and						
I am authorised by the proposed partners to sign and submit this application.						
OR I have been authorized by (firm/ private						
company/ unlisted public company) to sign and submit this application.						
I have been authorised by the Limited Liability Partnership to sign and submit this application.  To be digitally signed by applicant.  Date:  Place:						
- And -						

Modify Check form Pre-scrutiny Su	bmit					
For office use only						
Digital signature of the authorizing office	cer					
This e-form is hereby approved	Confirm submission					
This e-form is hereby rejected						