

Form No. 11
[See rules 19(5), 23(4), 64(2), 248, 292 and 295]

1. LLPIN

2. Name of the Limited Liability Partnership

3. Name and address of the LLP Liquidator or Liquidator

Line 1

Line 2

City District

State PIN Code

Country

4. Date of passing of Order
(DD/MM/YYYY)

5. Date of issue of certified copy of order
(DD/MM/YYYY)

6. Reference of the rule

List of attachments

(1) Copy of the order
(2) Optional attachment (s)

Verification

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

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

To be digitally signed by

Particulars of the person signing and submitting the form

Name

Capacity.....