

LLP FORM NO. 24

[Pursuant to rule 37(1)(b) of Limited Liability Partnership Rules, 2009]



Application to the Registrar for striking off name

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

1. *Limited Liability Partnership identification number (LLPIN)

Pre-Fill

2. (a) Name of the Limited Liability Partnership (LLP)

(b) Address of the registered office of the LLP

(c) *e-mail ID of the LLP

3. *Reasons for making the application

4. *Whether up to date Income-tax returns filed ☐ Yes ☐ No

5. *Date from which the LLP ceased to carry on business

(DD/MM/YYYY)

Attachments

List of attachments

a. *Copy of authority to make the application duly signed by all partners

Attach

b. *Copy of acknowledgement of latest Income-tax Return

Attach

c. *Statement of Accounts disclosing Nil assets and Nil liabilities [sub-clause (a) of clause (II) of sub-rule (1A) to rule 37];

Attach

d. *Affidavit signed by designated partners [sub-clause(b) of clause (II) of sub-rule (1A) to rule 37]

Attach

e. Optional attachment(s), if any

Attach

Remove attachment

Verification

* To the best of my knowledge and belief, the information given in the application and its attachments is correct and complete. I am aware that I shall be liable for prosecution under section 37 of the LLP Act, 2008 if any part of the statements made or information furnished herein contain any misstatement which is false in any material particular or omission of any material fact.

☐

*To be digitally signed by designated partner

*Designated Partner Identification Number (DPIN/DIN) of the designated partner

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

This e-Form is hereby rejected

Confirm submission

Date of signing

(DD/MM/YYYY)