

# LLP FORM NO. 25

[Pursuant to rule 18(3) of Limited Liability Partnership Rules, 2009]

Application for reservation/ renewal of name  
by a Foreign Limited Liability Partnership  
(FLLP)/ Foreign Company

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

1. *This form is for	<input type="radio"/> Reservation of name	<input type="radio"/> Renewal of Reservation
2. Service request number (SRN) of reservation	<input type="text"/>	
3. Name of the FLLP or foreign company	<input type="text"/>	
4. *Registered office address or principal place of business address of the FLLP or foreign company		
(a) * Address	Line I	<input type="text"/>
	Line II	<input type="text"/>
(b) * City	<input type="text"/>	
(c) * State	<input type="text"/>	
(d) * Country	<input type="text"/>	
(e) ISO country code	<input type="text"/>	* (f). Pin code <input type="text"/>
(g) * e-mail ID	<input type="text"/>	
(h) Phone	<input type="text"/>	(i). Fax <input type="text"/>
5. * Name of the applicant <input type="text"/>		
6. (a) * Address of the applicant		
	Line I	<input type="text"/>
	Line II	<input type="text"/>
(b) * City	<input type="text"/>	(c). District <input type="text"/>
(d) * State	<input type="text"/>	(e). *Pin code <input type="text"/>
(f) * Country	<input type="text"/>	
(g) ISO country code	<input type="text"/>	
(h) * e-mail ID	<input type="text"/>	
(i) Phone	<input type="text"/>	(j). Fax <input type="text"/>
7. *Date of incorporation/registration	<input type="text"/>	(DD/MM/YYYY)
8. *Incorporation or registration number	<input type="text"/>	
9. Country of incorporation or registration	<input type="text"/>	

## Attachments

List of attachments

1. \*Certified copy of the authority to submit the application.
2. Certified copy of the incorporation or registration certificate.
3. Optional attachment(s) - if any

**Verification**

- \* ☐ To the best of my knowledge and belief, the information given in this Form and its attachments is correct and complete.
- \* ☐ I have gone through the provisions of the Limited Liability Partnership Act, 2008, the rules framed there under.
- \* ☐ I have been authorized to sign and submit this application.

**To be digitally signed by applicant**

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**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

Date of signing

(DD/MM/YYYY)