

# LLP FORM NO. 27

[Pursuant to rule 34(1) of Limited Liability Partnership Rules, 2009]

Form for registration of particulars by  
Foreign Limited Liability Partnership  
(FLLP)

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

1. \*Name of the limited liability partnership(LLP) incorporated or registered outside India

2. (i) \*Country where the foreign  
LLP is incorporated

(ii) \*Details of relevant Statute under which the limited liability partnership has been incorporated

(iii) \*Details of the authority under which limited liability partnership is establishing a place of business in India

3. \*State of principal place of business in India

4. (i) \*Date of establishment of principal place of business in India

(DD/MM/YYYY)

(ii) \*Date on which approval of Reserve Bank of India obtained

(DD/MM/YYYY)

5. \* Full address of the registered or principal office of the limited liability partnership incorporated or registered outside India

Line I

Line II

\*City

\*State

\*Country

ISO country code

\*Pin code

\*e-mail ID

6. \* Full address of the office of the limited liability partnership in India which is deemed as its principal place of business in India

Line I

Line II

\*City

\*District

\*State

\*Pin code

\*Country

ISO country code

\*e-mail ID

7. Number of partners and designated partners

(a)\*Number of partners

(b)\*Number of designated partners

Note: The details of all partners & designated partners of FLLP is to be provided as an attachment

8. Details of type of office and main division of business activity

(a) \*Type of office

(b) If other, then provide details

(c) \*Main division of business activity to be carried out in India

(based on relevant sub class and description given in NIC-2004)

Description of the main division of bussiness activity

9. Details of persons resident in India and authorised to accept on behalf of the limited liability partnership service of process and any notices or other documents required to be served on the limited liability partnership

\*Number of persons authorized

**Particulars of person authorized**

\*☐ Designated Partner Identification Number (DPIN) or  
☐ Income-tax permanent account number (Income-tax PAN)

\*Name of person resident in India authorized to accept on behalf of the foreign limited liability partnership

First Name

Last Name

Middle Name

\*Father's/ Husband's Name

First Name

Last Name

Middle Name

\*Designation:

\*Nationality:

Where the Nationality of origin is different from the above mentioned nationality,

Nationality of origin:

\*Date of birth :  (DD/MM/YYYY)

\*Permanent Residential Address

Line I

Line II

\*City

\*State  \*Pin code  ISO country code

\*Country

\*Whether present residential address is same as the permanent residential address: ☐ Yes ☐ No

If no, present residential address

Line I

Line II

\*City

\*State  \*Pin code

\*Country  ISO country code

Phone  Fax

\*e-mail ID

\*Number of limited liability partnership(s) in which he/she is a partner

\*Number of Company(s) in which he/she is a director

**Note:** Attach the details of company(s)/ LLP(s) in which authorised representative is a director/ partner, as the case may be in the below format as an attachment

S.No.	CIN/ LLPIN	Name of Company/ LLP

#### Attachments

1. \*Copy of the incorporation document or other instrument constituting or defining the constitution of the limited liability partnership certified in the manner specified in the sub- rule (2) of rule 34.
2. \*Extracts of the Statute under which the foreign limited liability partnership has been set up.
3. \*Copy of authority under which the foreign limited liability partnership is establishing the place of business in India
4. \*Power of attorney in favour of authorized representative.
5. \*Copy of approval of Reserve Bank of India for allowing the foreign limited partnership to establish place of business in India
6. \*Details of partners and designated partners
7. If the above instrument is not in English then the translated version of the documents, certified in the manner specified in the sub-rule (5) of rule 34.
8. Details of LLP and/ or company in which partner/ designated partner is director/ partner
9. Optional attachment(s) - if any

List of attachments

--

#### 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

Authorized representative of FLLP

--

\*DPIN or Income-tax PAN

--

---

#### 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 registered

--

Date of signing

--

(DD/MM/YYYY)