Form No.7
[See rules 12 and 278]

1. LLPIN

2. Name of the Limited Liability Partnership

3. Address of the Registered Office of the Limited Liability Partnership

Line 1

Line 2

City

District

State

PIN Code

Country

4. Purpose of form

Appointment of LLP Liquidator

Cessation of LLP Liquidator

Part A – In case of appointment of LLP Liquidator

5. (a) Date of appointment of LLP Liquidator by partners

(DD/MM/YYYY)

(b) Name of the LLP Liquidator so appointed

(c) Majority of the partners of LLP consented:- Yes

6. In case the LLP has creditors, creditors consented under clause (b) or (c) of sub-rule (3) of rule 7, Date of approval by two third majority of the creditors in value of LLP

(DD/MM/YYYY)

7. (a) In case, creditors do not approve of LLP Liquidator appointed by partners, date of appointment of another LLP Liquidator.

(DD/MM/YYYY)

(b) Name of the LLP Liquidator so appointed

8. (a) Date of appointment of LLP Liquidator by the Tribunal

(DD/MM/YYYY)

(b) Name of the LLP Liquidator so appointed

9. Name of LLP Liquidator Appointed as voluntary liquidator

10. Address of the LLP Liquidator

Line 1

Line 2

City District

State PIN Code

Country

Part 'B' In case of change(s) of LLP Liquidator

11. In case of removal

(a) Date of notice of Liquidator stating grounds of removal

(DD/MM/YYYY)

(b) Reasons for removal

(c) Date of passing of resolution deciding the removal of Liquidator by three-fourth in value by partners/creditors

(DD/MM/YYYY)

(d) Date of removal by the Tribunal.

(DD/MM/YYYY)

12. In case of any other change

(a) Date of change

(DD/MM/YYYY)

(b) Nature of change

List of attachments

(1) Copy of the resolution of the partners/creditors/ order of the Tribunal.

(2) Copy of the Authority

(3) Optional attachment.

Verification

To the best of my knowledge and belief, the information given in the form 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 designated partner

DPIN

Place_____
Date_____