



सत्यमेव जयते

LLP Form No. 22

Notice of intimation of order of Court/ Tribunal /Central Government to the Registrar

[Pursuant to rule 35(11), 35(17) and 41(4) of Limited Liability Partnership Rules, 2009]

Form language

☒ English☐ Hindi

Refer instruction kit for filing the form

All fields marked * are mandatory

LLP/FLLP details

1 *Limited Liability Partnership identification number (LLPIN) or Foreign Limited Liability Partnership identification number (FLLPIN)

2 (a) *Name of the Limited Liability Partnership (LLP) or Foreign Limited Liability Partnership (FLLP)

(b) *Address of the registered office of the LLP or principal place of business in India of Foreign LLP

(c) *Jurisdiction of Police Station

(d) *Email ID

Order details

3 (a) *Order passed by

(Court/Central Government/ National Company Law Tribunal/National Company Law Appellate Tribunal/ Any other competent authority)

(b) *Name of the <Court/ Central Government office/ National Company Law Tribunal bench/National Company Law Appellate Tribunal office/ competent authority>

(c) *Location

Specify others

(d) *Petition or application number

(e) *Order number

4 *Date of passing the order (DD/MM/YYYY)

5 *Relevant act under which order is passed

☐ LLP Act, 2008☐ Insolvency and Bankruptcy Code, 2016☐ Others

(a) Section of LLP Act, 2008 and relevant Rules under which order is passed

(60(3) read with Rule 35(11)- Compromise or Arrangement of LLP/62(3) read with Rule 35(17)- Reconstruction or Amalgamation of LLP/64 and rule 35(17)- Liquidation/39 and rule 41(4)- Compounding of offence/For

emalgamated / inactive LLP / FLLP to Active/For dissolved / Under Liquidation LLP to Active/Appeal order
w.r.t. conversion of firm / company into LLP/Others)

(b) Section of Insolvency and Bankruptcy Code, 2016 under which order is passed

(7-Admission of CIRP filed by financial creditor/9-Admission of CIRP filed by operational creditor/10-
Admission of CIRP filed by corporate debtor/12A-Withdrawal of application admitted under section
7, 9 or 10/22(3)- Replacement of IRP / RP/31-Approval of resolution plan/33-Order of Liquidation/54-
Dissolution/59(8)- Dissolution (Vol. Liq.)/ Others)

(c) Specify others

Section details

Section description

6 *Number of days within which order is to be filed with Registrar (To be entered pursuant
to aforesaid sections or in terms of Court order or Tribunal order or order of the
competent authority, as the case may be)

7 *Date of application to Court or Tribunal or competent authority for issue of certified copy
of order (DD/MM/YYYY)

8 *Date of issue of certified copy of order (DD/MM/YYYY)

9 *Due date by which order is to be filed with Registrar

10 *Description of order

11 In case of compounding of offence, enter Service request number (SRN)(s) of Form 31

12 SRN of relevant Form (Mention the SRN of relevant Form 22 or any other form;
if applicable)

13 *Whether cost involved or not

☐ Yes

☐ No

If yes, details of cost paid

Details of IRP/RP

14 Details of Interim Resolution Professional (IRP)/ Details of Resolution Professional (RP) / Details of liquidator

(a) Income-tax permanent account number
(Income-tax PAN)

(b) IBBI Registration No.

(c) Name

(d) Mobile No

(e) Email ID

(f) Address

Address Line1

Address Line2

Country

Pin code /Zip Code

Area/Locality

City

District

State/UT

Attachments

15 (a) * Certified Copy of order of Court/ NCLT/ NCLAT/ Central Government/ anyother Competent Authority

15 (a) * Certified Copy of order of Court/ NCLT/ NCLAT/ Central Government/ anyother Competent Authority

Choose File

Remove

Download

(b) Optional attachment(s) - If any

(b) Optional attachment(s) - If any

Choose File

Remove

Download

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 and the rules framed there under. I have been authorised to sign and submit this form.

☐ I, being a designated partner/ authorised representative/ administrator of the LLP/ FLLP, am authorized to sign and submit this form.

*To be digitally signed by

DSC BOX

Particulars of the person signing and submitting the form

*Name

*Designation

(Designated Partner/ Authorized representative/ LLP Administrator/ Liquidator/ Interim Resolution Professional (IRP)/ Resolution Professional (RP)/ Others)

Capacity

*DPIN in case of Designated partner/ DPIN or Income-tax PAN in case of Authorized representative/ PAN in case of LLP Administrator/ Interim Resolution Professional or Resolution professional or Liquidator/Others

Save

Submit

For office use only:

eForm Service request number (SRN)

eForm filing date (DD/MM/YYYY)

Digital signature of the authorizing officer

This e-form is hereby registered

DSC BOX

Date of signing (DD/MM/YYYY)