



LLP Form No. 32

Form language

Form for filing addendum for rectification of defects or incompleteness
[Pursuant to rule 36(6) of Limited Liability Partnership Rules, 2009]

☒ English

☐ Hindi

सत्यमेव जयते

Refer instruction kit for filing the form

All fields marked * are mandatory

SRN details

1 *Service Request Number (SRN) of relevant form(s)

(Mention SRN of relevant form(s) in respect of which addendum is being filed. Ensure that correct SRN is mentioned in this field and verify the system displayed details below)

2 (a) *Date of SRN

(b) *Form number(s)

LLP/FLLP/Company information

3 Limited Liability Partnership Identification Number (LLPIN) or Foreign Limited Liability Partnership Identification Number (FLLPIN) or Corporate Identification Number (CIN)

4 (a) Name of the Limited Liability Partnership (LLP) or Foreign Limited Liability Partnership (FLLP) or Company

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

(c) Name of the person filing form (applicable in case of filing in respect of non-LLP or LLP yet to be incorporated)

(d) e-mail ID

Other Information

5 (a) *Details of defects pointed out or further information called by the Registrar or any other competent authority

(b) *Details of rectification of the defects or further information furnished

(Ensure that correct type of document is selected from the list of documents given in the dropdown below. Maximum five documents can be attached)

Attachment

6 (a) Type of document	<input type="text"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(b) Type of document	<input type="text"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(c) Type of document	<input type="text"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(d) Type of document	<input type="text"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>
(e) Type of document	<input type="text"/>	<input type="button" value="Choose File"/>	<input type="button" value="Remove"/>	<input type="button" value="Download"/>

Verification

To the best of my/our knowledge and belief, the information given above and in the attached documents is correct and complete.

To be digitally signed by

Designated Partner (In case of an LLP) or an authorised representative
(In case of a Foreign LLP)

DSC BOX

Designation

(Designated partner/Authorized Representative)

Designated Partner identification number (DPIN) or Income-tax PAN

In case the form in respect of which addendum is being filed was signed by director or managing director or manager or secretary or chartered accountant (in whole-time practice) or company secretary (in whole-time practice or cost accountant (in whole-time practice) or partner or applicant or advocate or LLP administrator or others

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Designation

(Chartered Accountant (in whole time practice)/Company Secretary (in whole time practice)/Cost Accountant (in whole time practice)/Director/Managing director/Manager/Secretary/Advocate/ Applicant/Partner/LLP Administrator/Others)

Capacity

Director identification number (DPIN) of the director or Managing Director; or Income-tax PAN of the manager; or Membership number, if applicable or income-tax PAN of the secretary (secretary of a company who is not a member of ICSI, may quote his/ her income-tax PAN) or Income-tax PAN of LLP Administrator or DPIN/ Income-tax PAN/ Passport number of Partner

Certificate

It is hereby certified that I have verified the above particulars (including attachment(s)) from the records of and found them to be true and correct. I further certify that all required attachment(s) have been completely attached to this form.

To be digitally signed by

DSC BOX

Category

☐ Chartered accountant (in whole time practice)

☐ Cost accountant (in whole time practice)

☐ Company secretary (in whole-time practice)

Whether:

☐ Associate

☐ Fellow

Membership number or Certificate of Practice number

Save

Submit

This form is not required to be signed by authorizing officer as this has been filled in respect of an already filled e-Form