

**Form – 9**

**Consent to act as a designated partner/partner of a LLP**

[See rule 7 and 10(8)]

To,

..... (Name of the LLP)

(LLPIN: .....

..... (Address of the LLP)

**Sub: – Consent to act as a designated partner/partner.**

I, ..... (Name of the designated partner/partner), hereby give my consent to act as designated partner/partner of ..... (Name of the LLP), pursuant to Section 7(3) of the Act and certify that I am not disqualified to become a designate partner/partner under the act.

S. No.	Particulars	Details
1.	Designate partner identification number (DPIN):	
2.	Name (in full):	
3.	Father's Name (in full):	
4.	Address:	
5.	E-mail id:	
6.	Mobile no.:	
7.	Income-tax PAN :	
8.	Occupation:	
9.	Date of birth:	
10.	Nationality:	
11.	Name of the Partnership Firm <b>OR</b> LLPIN & Name of Limited Liability Partnership <b>OR</b> CIN & Name of the Company <b>OR</b> Name of any other body corporate <b>whose nominee the designated partner is</b>	
12.	Particulars of membership No. and Certificate of practice No. if the applicant is a member of any professional Institute.	

**DECLARATION**

I declare that I have not been convicted of any offence in connection with the promotion, formation or management of LLP and have not been found guilty of any fraud or misfeasance or of any breach of duty to any LLP under this Act or any previous company or LLP law in the last five years.

<b>Designation:</b> .....	<b>Date:</b> .....
<b>Signature</b> .....	<b>Place:</b> .....

**Enclosed:** – Proof of Identity – PAN

Proof of Address – AADHAR

I, ..... (**Name of the designated partner/partner**), hereby give my consent to act as designated partner/partner of ..... (**Name of the LLP**), pursuant to Section 7(3) of the Act and certify that I am not disqualified to become a designate partner/partner under the act.

<b>S. No.</b>	<b>Particulars</b>	<b>Details</b>
1.	Designate partner identification number (DPIN):	
2.	Name (in full):	
3.	Father's Name (in full):	
4.	Address:	
5.	E-mail id:	
6.	Mobile no.:	
7.	Income-tax PAN :	
8.	Occupation:	
9.	Date of birth:	
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Designation: .....	Date: .....
Signature .....	Place: .....

**Enclosed:** – Proof of Identity – PAN

## Proof of Address – AADHAR

## Subscribers' sheet