**[LLP-Form-IV]**

**LIMITED LIABILITY PARTNERSHIP ACT, 2017**

**[See section 10, 14 and regulation 11 and 13]**

(To be filled by the partners/designated partners)

**[PART I]**

**CONSENT TO ACT AS PARTNER / DESIGNATED PARTNER**

I /We\_\_\_\_\_\_\_\_\_\_\_\_\_\_son/daughter/wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ having NIC Number/Passport Number have consented to act as Partner(s) / designated partner(s) of the <Name of LLP> pursuant to clause (c) of sub-section (2) of section 14 / sub-section (5) of section 10 of the Limited Liability Partnership Act, 2017, and certify that I am/we are not ineligible to become:

1. Partner under section 8 of the Act;
2. Designated partner under regulation 12.

Name(s) & Signature(s) of Partner(s)/Designated Partner(s)

Address & Contact number of Partner/Designated Partner

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[PART- II]**

**[See Section 10 and Regulation 11]**

**(To be filled and filed by the LLP)**

**FILING OF CONSENT TO ACT AS PARTNER / DESIGNATED PARTNER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1.1 | LLP Incorporation Number |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 1.2 | Name of the LLP |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1.3 | Fee Payment Details | Challan No |  | Challan Amount |  |

2. Details of Partner(s) / Designated Partner(s)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Father/  Husband Name | CNIC OR  Passport No | Nationality | Occupation | Partner / Designated Partner | Residential address |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Signature |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 4. | Name of Designated Partner |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 5. | Date |  |  |  |  |  |  |  |  |  |  |

***Enclosures:***

1. Original copy of paid bank challan or any other evidence of payment of fee. (in case of physical filing only).