

Form No. 6
[See sub-rule (8) of rule 10 & sub-rule (7) of rule 29]
***[Heading as in form no 16]**
***LLP Petition No..... of 20.....**

1. LLPIN
2. Name of the Limited Liability Partnership
3. Name of LLP Liquidator or Liquidator.
4. Address of LLP Liquidator or Liquidator
5. In pursuance of rule 10(6)/29(7) of the rules I hereby declare that there is no Conflict of interest and not lack of independence in respect of my appointment

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.

Signature.....
Name
Capacity.....(LLP Liquidator or Liquidator)

Place _____
Date _____

Note: - *Delete if not applicable.