

**Form FOREIGN DIRECT INVESTMENT-LLP-(II)**

**Declaration regarding transfer of capital contribution/profit shares of an Limited Liability Partnership from resident to non-resident / non-resident to resident**

(to be submitted to the Authorised Dealer Category-1 bank branch in quadruplicate within 60 days from the date of receipt of funds)

**The following documents are enclosed**

*For transfer of capital contribution /profit shares of a Limited Liability Partnership by a person resident in India*

- i. Consent Letter duly signed by the seller and buyer or their duly appointed agent and in the latter case the Power of Attorney Document.
- ii. The capital contribution/ profit share holding pattern of the investee LLP after the acquisition of capital contribution/ profit shares by a person resident outside India.
- iii. Certificate indicating fair value of shares from the Chartered Accountant/Cost Accountant/approved valuer from the panel maintained by the Central Government.
- iv. Declaration from the buyer to the effect that he is eligible to acquire capital contribution /profit shares i.e., necessary Government approval has been obtained by the buyer or seller and terms and conditions of the Government approval, the foreign investment limits mentioned therein as well as the pricing guidelines have been complied with.

*Additional documents in respect of capital contribution /profit shares of an Limited Liability Partnership by a person resident outside India.*

- v. No Objection/Tax Clearance Certificate from Income Tax Authority/ Chartered Accountant/Cost Accountant/Company Secretary in practice.

<b>1</b>	<b>Name of the Limited Liability Partnership</b>	
	Address (including e-mail , telephone Number, Fax no.)	
	Activity	
	Identification No. (LLPIN)	
<b>2</b>	<b>Nature of transaction</b>	Transfer from resident to non-resident /

	<i>(Strike out whichever is not applicable)</i>	Transfer from non-resident to resident			
3	<b>Name of the buyer</b>				
	<b>Constitution / Nature of the investing Entity</b> Specify whether 1. Individual 2. LLP 3. Company 4. Foreign Trust 5. Private Equity Fund 6. Pension/ Provident Fund 7. Sovereign Wealth Fund (SWF <sup>II</sup> ) 8. Partnership / Proprietorship firm 9. Financial Institution 10. NRIs / PIOs 11. Others				
	Date and Place of Incorporation				
	Address of the buyer <i>(including e-mail, telephone number, Fax no.)</i>				
5	<b>Name of the seller</b>				
	<b>Constitution / Nature of the disinvesting partner</b> Specify whether 1. Individual 2. LLP 3. Company 4. Foreign Trust 5. Private Equity Fund 6. Pension/ Provident Fund 7. Sovereign Wealth Fund (SWF <sup>II</sup> ) 8. Partnership/ Proprietorship firm 9. Financial Institution 10. NRIs/PIOs 11. others				
	Date and Place of Registration				
	Address of the seller <i>(including e-mail, telephone Number, Fax no.)</i>				
6	<b>Particulars of earlier FIPB approvals.</b>				
7	<b>Details regarding capital contribution or profit shares of a Limited Liability Partnership to be transferred.</b>				
	<i>Date of the transaction</i>	<i>Percentage of capital contribution/profit share</i>	<i>Value in Rs.</i>	<i>Negotiated Price for the transfer* in Rs.</i>	<i>Amount of consideration in Rs.</i>
8	<b>Foreign Investments in the Limited Liability Partnership</b>		<i>capital contribution/ profit shares</i>	<i>Percentage</i>	
		Before the transfer			

<sup>II</sup> SWF means a Government investment vehicle which is funded by foreign exchange assets, and which manages those assets separately from the official reserves of the monetary authorities.

	After the transfer		
Price as per Valuation guidelines*. *Valuation report (certificate from the Chartered Accountant/Cost Accountant / approved valuer from the panel maintained by the Central Government to be attached).			
<b>Declaration by the transferor / transferee</b>			
<b>I / We hereby declare that :</b>			
<p>i. The particulars given above are true and correct to the best of my/our knowledge and belief.</p> <p>ii. I/ We, was/were holding the capital contribution/profit shares of a Limited Liability Partnership as per foreign investment policy issued by the Government of India as well as notified under FEMA Regulations.</p> <p>iii. I/ We, am/are eligible to acquire the capital contribution /profit shares of a Limited Liability Partnership in terms of the foreign investment policy issued by the Government of India as well as notified under FEMA Regulations.</p> <p>iv. The foreign investment limit as per Government approval and the pricing guidelines have been adhered to.</p>			
			Signature of the Declarant or his duly authorised agent
Date:			
Note:			
<i>In respect of the transfer of capital contribution /profit shares of a Limited Liability Partnership from resident to non- resident the declaration has to be signed by the non- resident buyer, and in respect of the transfer of capital contribution /profit shares of a Limited Liability Partnership from non-resident to resident the declaration has to be signed by the non-resident seller.</i>			
<b>Certificate by the AD Bank Branch</b>			
It is certified that the application is complete in all respects.			
The receipt /payment for the transaction are in accordance with FEMA Regulations / Reserve Bank guidelines.			
			Signature
			Name and Designation of the Officer
Date: Name of the AD Bank Branch			
			AD Bank Branch Code

**Know Your Customer (KYC) Form in respect of the non-resident investor**

Registered Name of the Remitter /Investor (Name, if the investor is an Individual)	
Registration Number (Unique Identification Number* in case remitter is an Individual)	
Registered Address (Permanent Address if remitter is an Individual)	
Name of the Remitter's Bank	
Remitter's Bank Account No.	
Period of banking relationship with the remitter	

\* Passport No., Social Security No., or any Unique No. certifying the bona fides of the remitter as prevalent in the remitter's country.

***We confirm that all the information furnished above is true and accurate as provided by the overseas remitting bank of the non-resident investor.***

(Signature of the Authorised Official  
of the AD bank receiving the remittance)

Date :

Place:

Stamp :