

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

To,

The Registrar of Companies
[Registrar's Office Address]
[City, State, Zip Code]

Subject: Application for Registration of Limited Liability Partnership (LLP)

Dear Sir/Madam,

We, the undersigned partners, hereby apply for the registration of our Limited Liability Partnership as per the provisions of the Limited Liability Partnership Act, [Year].

1. ****Name of the LLP****: [Proposed Name of the LLP]
2. ****Registered Office Address****: [Registered Office Address of the LLP]
3. ****Details of Partners****:
 - Partner 1: [Name, Address, Identification Number]
 - Partner 2: [Name, Address, Identification Number]
 - [Add more partners if applicable]
4. ****Business Activities****: [Brief description of the business activities to be carried out by the LLP]
5. ****Capital Contribution****: [Details of capital contributions by each partner]

Enclosed herewith are the following documents for your kind reference:

1. LLP Agreement
2. Form 2 (Incorporation document)
3. Proof of registered office address
4. Partners' identity and address proof
5. [Any other documents as required]

We request you to process our application and grant us the registration of our LLP at your earliest convenience.

Thank you for your attention to this matter.

Yours sincerely,

[Your Signature]
[Your Name]
[Designation, if applicable]
[LLP Name]