

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Registrar's Name]  
[Ministry of Corporate Affairs]  
[Office Address]  
[City, State, Zip Code]  
Subject: Application for Registration of Limited Liability Partnership (LLP)

Dear [Registrar's Name],  
I, [Your Name], hereby submit this application for the registration of a Limited Liability Partnership (LLP) under the Limited Liability Partnership Act, 2008.

1. \*\*Proposed Name of LLP:\*\* [Proposed LLP Name]
2. \*\*Registered Office Address:\*\* [Office Address]
3. \*\*Business Activities:\*\* [Description of Business Activities]
4. \*\*Designated Partners:\*\*
  - [Partner 1 Name, Address, DIN/DPIN]
  - [Partner 2 Name, Address, DIN/DPIN]
  - [Add more partners as necessary]

Enclosed are the necessary documents as required for the registration process:

- [List of Documents, e.g., LLP Agreement, Proof of Address, Identity Proof of Partners, etc.]

I request your kind consideration in processing the application at the earliest. Should you require any further information, please do not hesitate to contact me.

Thank you for your cooperation.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Designation (if applicable)]