

APPLICATION FOR CONVERSION FROM PRIVATE COMPANY TO LIMITED LIABILITY PARTNERSHIP

Fee: RM500

PARTICULARS OF PRIVATE COMPANY		
	Existing Company Name	
<input type="checkbox"/>	Company No.	
	Date of Registration	

LLP NAME	
Proposed Name	
Name Approval Reference No.	

PARTICULARS OF LLP		
Address of registered office		
Address of place of business (if different from above)		
Office Phone No		
Fax No		
E mail		
Address of branches (if any)		
General nature of business of the proposed LLP		
Principal Activities		MSIC Code
1.		
2.		
3.		
LLP Agreement (if any)		
Date of Agreement		
No. of Partners		
Total Capital Contribution (RM)		

PARTICULARS OF COMPLIANCE OFFICER	
Name	
NRIC No.	
Mobile Phone No.	
Email	
Capacity of Compliance Officer (choose one)	<input type="checkbox"/> Partner of LLP <input type="checkbox"/> Person qualified to act as secretary
Date of Appointment as Compliance Officer	

* For additional Compliance Officer(s) please use additional pages

PARTICULARS OF PARTNERS (INDIVIDUAL)		
PARTNER 1		
No of Partners (minimum 2)		
Name		
NRIC/ Passport No.		
Passport Expiry Date		
Date of Birth		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race		
Nationality		
Residential Address		
Phone No.		
Mobile Phone No.		
Email		
Date of Appointment as Partner		
PARTNER 2		
Name		
NRIC/ Passport No.		
Passport Expiry Date		
Date of Birth		
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race		
Nationality		

Residential Address	
Phone No.	
Mobile Phone No.	
Email	
Date of Appointment as Partner	

* For additional Individual Partner(s) please use additional pages.

PARTICULARS OF PARTNER (BODY CORPORATE)	
Name	
Place of Incorporation	
Registration No	
Registered Address	
Date of Appointment as Partners	
Representative of Body Corporate	
Name	
NRIC/ Passport No	
Passport Expiry Date	
Designation	

PARTICULARS OF BODYPARTNER	
If the body corporate is a Government Agency, please fill in this section	
Ministry	
Name of agency	
Establishment Act	
Registered Address	
Office Phone No	
Fax No	
Email	
Date of Appointment as Partner	
Representative of Government Agency	
Name	
NRIC No	
Designation	

* For additional Body Corporate Partner(s) please use additional pages.

AUTHORIZATION LETTER

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Letter of Authorization from Professional Body/ Other Authorities/related LLP is attached.

DECLARATION

Declaration:

I confirm that the facts and information stated in this document are true.

Signed by Compliance officer:

Name :

Date of Application :

Attention:

It is an offence under section 80 of the Limited Liability Partnerships Act 2012 to dishonestly make or authorize the making of a statement that you know is false or misleading and you may be liable, upon conviction, to imprisonment for a term not exceeding five years or to a fine not less than RM150,000 and not more than RM500,000 or to both.

LODGER INFORMATION

Name	
NRIC No	
Address	
Phone No	
Email	