

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

Appointment of a Member to a Limited Liability Partnership

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

	LLP Number		
Full Name of Limited Liability Partnership			
	Date of appointment *	Day Month Year	Day Month Year
Information (As Peers or others known by a title n use the title instea of or in addition to their name	advised by Companies House) Surname or nay Corporate name	b	oirth
Usual residential address ^{††}			
^{††} Tick this box if the address shown is a			UK [
service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give	Post town	I	Postcode
	County / Region		Country
	Designated member (Please tick appropriate box)	YES	NO
	box)	I consent to act as a member of the about	ve named limited liability partnership
	Consent signature		Date
the registered or principal office address.		Another Member being a Designated Member below.	must sign and date the form in the boxes
	Signed		Date
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.		Designated Member	
		Tel	
		DX number DX exchange	
Companies House receipt date barcode This form has been provided free of charge by Companies House		When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or	
Form October 2003		Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland	

DX 235 Edinburgh or LP - 4 Edinburgh 2