

**DON'T  
STAPLE**

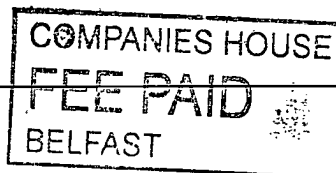
# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)



Companies House

A fee is payable with this form  
Please see 'How to pay' on the last page.



**✓ What this form is for**  
You may use this form to incorporate a Limited Liability Partnership.

**✗ What this form is NOT for**  
You cannot use this form to incorporate a company. To do this, please use form IN01 'Application to register a company'. Do not use this form if any individual PSC is applying or has applied for protection from having their details disclosed on the public register. Contact [secure@companieshouse.gov.uk](mailto:secure@companieshouse.gov.uk) to get a separate form.

For further information, please refer to our guidance at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

WEDNESDAY



\*JAVIC7W0\*

JNI

12/01/2022

#103

COMPANIES HOUSE

### Part 1 LLP details

**A1**

#### LLP details

Check if an LLP name is available by using our name availability search:

**[www.companieshouse.gov.uk/info](http://www.companieshouse.gov.uk/info)**

Please show the proposed LLP name below.

LLP name in full <sup>①</sup>

MOLDAN INVESTMENTS

Name ending <sup>②</sup>

LLP/Limited Liability Partnership

For official use

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

#### → Filling in this form

Please complete in typescript or in bold black capitals.  
All fields are mandatory unless specified or indicated by \*

#### ① Duplicate names

Duplicate names are not permitted. A list of registered names can be found on our website. There are various rules that may affect your choice of name. More information is available in our guidance at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

#### ② Name ending

You must delete either LLP or Limited Liability Partnership. If the LLP is situated in Wales and you chose to have a Welsh ending (PAC or Partneriaeth Atebolrwydd Cyfyngedig), please use form LL IN01c.

**A2**

#### LLP name restrictions

Please tick the box only if the proposed LLP name contains sensitive or restricted words or expressions that require you to seek comments of a government department or other specified body.

☐ I confirm that the proposed LLP name contains sensitive or restricted words or expressions and that approval, where appropriate, has been sought of a government department or other specified body and I attach a copy of their response.

#### LLP name restrictions

A list of sensitive or restricted words or expressions that require consent can be found in guidance available on our website: [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

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## Application for the incorporation of a Limited Liability Partnership (LLP)

**A3****Situation of registered office<sup>①</sup>**

Please tick the appropriate box below that describes the situation of the proposed registered office (only one box must be ticked):

- ☐ England and Wales  
☐ Wales  
☐ Scotland  
☒ Northern Ireland

**① Registered office**

Every LLP must have a registered office and this is the address to which the Registrar will send correspondence.

For England and Wales LLPs, the address must be in England or Wales.

For Welsh, Scottish or Northern Ireland LLPs, the address must be in Wales, Scotland or Northern Ireland respectively.

**A4****Registered office address<sup>②</sup>**

Please give the registered office address of your LLP.

Building name/number 2ND FLOOR, 5-23

Street HILL STREET

Post town BELFAST

County/Region

Postcode B T 1 2 L A

**② Registered office address**

You must ensure that the address shown in this section is consistent with the situation indicated in section A3.

You must provide an address in England or Wales for LLPs to be registered in England and Wales.

You must provide an address in Wales, Scotland or Northern Ireland for LLPs to be registered in Wales, Scotland or Northern Ireland respectively.

**A5****Members' designation**

Will all members from time to time be designated members? <sup>③</sup>

- ☒ Yes  
☐ No

**③ Members' designation**

If 'Yes' all members named will be designated. If 'No' at least two members named must be designated.

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**Part 2 Proposed officers**

- For a **member** who is an individual, go to **Section B1**.  
 → For a **corporate member**, go to **Section C1**.

There must be two designated members at all times. Unless there are at least two designated members all members will be designated.

**Member**

|                                         |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B1</b>                               | <b>Member appointments <sup>①</sup></b>                                                                                          | <b>① Appointments</b><br>For corporate member appointments, please complete section C1-C4 instead of section B.<br><br><b>② Former name(s)</b><br>Please provide any previous names (including maiden or married names) which have been used for business purposes in the last 20 years.<br><br><b>③ Country/State of residence</b><br>This is in respect of your usual residential address as stated in section B4.<br><br><b>④ Month and year of birth</b><br>Please provide month and year only.<br><br><b>⑤ Designated member</b><br>There must be at least two designated members at all times.<br><br><b>Additional appointments</b><br>If you wish to appoint more members, please use the 'Member appointments' continuation page. |
|                                         | Please use this section to list all the member appointments taken on formation.<br><b>For a corporate member complete C1-C4.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Title*                                  | MR                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Full forename(s)                        | BARRY                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Surname                                 | FLYNN                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Former name(s) <sup>②</sup>             |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Country/State of residence <sup>③</sup> | NORTHERN IRELAND                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Month/year of birth <sup>④</sup>        | <div>X X</div> <div> <div>m</div>1<div>m</div>2           <div>y</div>1<div>y</div>9<div>y</div>7<div>y</div>1         </div>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Designated member <sup>⑤</sup>          | Please tick this box if the person is consenting to act as a <b>designated member</b> .<br><input checked="" type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

|                      |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B2</b>            | <b>Member's service address <sup>⑥</sup></b>                                                                                   | <b>⑥ Service address</b><br>This is the address that will appear on the public record. This does not have to be your usual residential address.<br><br>Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.<br><br>If you provide your residential address here it will appear on the public record. |
|                      | Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b> . |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Building name/number | 2ND FLOOR, 5-23                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Street               | HILL STREET                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Post town            | BELFAST                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| County/Region        |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Postcode             | <div>B</div> <div>T</div> <div>1</div> <div></div> <div>2</div> <div>L</div> <div>A</div> <div></div>                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Country              | NORTHERN IRELAND                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                   |

## LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

## Member

|                                         |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B1</b>                               | <b>Member appointments <sup>①</sup></b>                                                                                          | <p><b>① Appointments</b><br/>For corporate member appointments, please complete section C1-C4 instead of section B.</p> <p><b>② Former name(s)</b><br/>Please provide any previous names (including maiden or married names) which have been used for business purposes in the last 20 years.</p> <p><b>③ Country/State of residence</b><br/>This is in respect of your usual residential address as stated in section B4.</p> <p><b>④ Month and year of birth</b><br/>Please provide month and year only.</p> <p><b>⑤ Designated member</b><br/>There must be at least two designated members at all times.</p> <p><b>Additional appointments</b><br/>If you wish to appoint more members, please use the 'Member appointments' continuation page.</p> |
|                                         | Please use this section to list all the member appointments taken on formation.<br><b>For a corporate member complete C1-C4.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Title*                                  | MR                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Full forename(s)                        | DANIEL                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Surname                                 | FLYNN                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Former name(s) <sup>②</sup>             |                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Country/State of residence <sup>③</sup> | NORTHERN IRELAND                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Month/year of birth <sup>④</sup>        | <div>X</div> <div>X</div> <div>1</div> <div>1</div> <div>2</div> <div>0</div> <div>0</div> <div>3</div>                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Designated member <sup>⑤</sup>          | Please tick this box if the person is consenting to act as a <b>designated member</b> .<br><input checked="" type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

|                      |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B2</b>            | <b>Member's service address <sup>⑥</sup></b>                                                                                   | <p><b>⑥ Service address</b><br/>This is the address that will appear on the public record. This does not have to be your usual residential address.</p> <p>Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.</p> <p>If you provide your residential address here it will appear on the public record.</p> |
|                      | Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b> . |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Building name/number | 2ND FLOOR, 5-23                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Street               | HILL STREET                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Post town            | BELFAST                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| County/Region        |                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Postcode             | <div>B</div> <div>T</div> <div>1</div> <div></div> <div>2</div> <div>L</div> <div>A</div> <div></div>                          |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Country              | NORTHERN IRELAND                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                           |

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## Application for the incorporation of a Limited Liability Partnership (LLP)

## Member

|                                         |                                                                                                                                |  |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>B1</b>                               | <b>Member appointments <sup>①</sup></b>                                                                                        |  |
|                                         | Please use this section to list all the member appointments taken on formation.<br>For a corporate member complete C1-C4.      |  |
| Title*                                  | MRS                                                                                                                            |  |
| Full forename(s)                        | URSULA                                                                                                                         |  |
| Surname                                 | FLYNN                                                                                                                          |  |
| Former name(s) <sup>②</sup>             |                                                                                                                                |  |
| Country/State of residence <sup>③</sup> | NORTHERN IRELAND                                                                                                               |  |
| Month/year of birth <sup>④</sup>        | <div> <div>X</div> <div>X</div> <div>0</div> <div>1</div> <div>1</div> <div>9</div> <div>6</div> <div>3</div> </div>           |  |
| Designated member <sup>⑤</sup>          | Please tick this box if the person is consenting to act as a <b>designated member</b> .<br><input checked="" type="checkbox"/> |  |

**① Appointments**

For corporate member appointments, please complete section C1-C4 instead of section B.

**② Former name(s)**

Please provide any previous names (including maiden or married names) which have been used for business purposes in the last 20 years.

**③ Country/State of residence**

This is in respect of your usual residential address as stated in section B4.

**④ Month and year of birth**

Please provide month and year only.

**⑤ Designated member**

There must be at least two designated members at all times.

**Additional appointments**

If you wish to appoint more members, please use the 'Member appointments' continuation page.

|                      |                                                                                                                                |  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>B2</b>            | <b>Member's service address <sup>⑥</sup></b>                                                                                   |  |
|                      | Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b> . |  |
| Building name/number | 2ND FLOOR, 5-23                                                                                                                |  |
| Street               | HILL STREET                                                                                                                    |  |
| Post town            | BELFAST                                                                                                                        |  |
| County/Region        |                                                                                                                                |  |
| Postcode             | <div> <div>B</div> <div>T</div> <div>1</div> <div></div> <div>2</div> <div>L</div> <div>A</div> <div></div> </div>             |  |
| Country              | NORTHERN IRELAND                                                                                                               |  |

**⑥ Service address**

This is the address that will appear on the public record. This does not have to be your usual residential address.

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office.

If you provide your residential address here it will appear on the public record.

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## Application for the incorporation of a Limited Liability Partnership (LLP)

### Corporate member

|                                |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C1</b>                      | <b>Corporate member appointments <sup>①</sup></b>                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                | Please use this section to list all the corporate members of the LLP.                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of corporate body or firm |                                                                                                                     | <b>① Registered or principal address</b><br>This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address) or DX.<br><br><b>② Designated member</b><br>There must be at least two designated members at all times.<br><br><b>Additional appointments</b><br>If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page. |
| Building name/number           |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Street                         |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Post town                      |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County/Region                  |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Postcode                       |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Country                        |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Designated member <sup>②</sup> | Please tick this box if the person is consenting to act as a <b>designated member</b> .<br><input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|           |                                                                                                                                                  |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>C2</b> | <b>Location of the registry of the corporate body or firm</b>                                                                                    |  |
|           | Is the corporate member a limited company registered in the UK?<br>→ Yes Complete <b>Section C3 only</b><br>→ No Complete <b>Section C4 only</b> |  |

|                     |                                                     |                                                                                                                                                  |
|---------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C3</b>           | <b>UK-registered limited companies <sup>③</sup></b> |                                                                                                                                                  |
|                     | Please give the company registration number.        | <b>③</b> You can find the registration number on our website <a href="https://beta.companieshouse.gov.uk">https://beta.companieshouse.gov.uk</a> |
| Registration number |                                                     |                                                                                                                                                  |

|                                                                  |                                                                                                                                                                                                                                                             |                                                                                                                                                                       |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C4</b>                                                        | <b>Other corporate bodies &amp; firms</b>                                                                                                                                                                                                                   |                                                                                                                                                                       |
|                                                                  | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | <b>④</b> Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register |
| Legal form of the corporate body or firm                         |                                                                                                                                                                                                                                                             |                                                                                                                                                                       |
| Governing law                                                    |                                                                                                                                                                                                                                                             |                                                                                                                                                                       |
| If applicable, where the company/firm is registered <sup>④</sup> |                                                                                                                                                                                                                                                             |                                                                                                                                                                       |
| If applicable, the registration number                           |                                                                                                                                                                                                                                                             |                                                                                                                                                                       |

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## Application for the incorporation of a Limited Liability Partnership (LLP)

**Corporate member**

|                                |                                                                                                                                                                         |  |
|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>C1</b>                      | <b>Corporate member appointments ①</b>                                                                                                                                  |  |
|                                | Please use this section to list all the corporate members of the LLP.                                                                                                   |  |
| Name of corporate body or firm |                                                                                                                                                                         |  |
| Building name/number           |                                                                                                                                                                         |  |
| Street                         |                                                                                                                                                                         |  |
| Post town                      |                                                                                                                                                                         |  |
| County/Region                  |                                                                                                                                                                         |  |
| Postcode                       | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |
| Country                        |                                                                                                                                                                         |  |
| Designated member ②            | Please tick this box if the person is consenting to act as a <b>designated member</b> .<br><input type="checkbox"/>                                                     |  |

**① Registered or principal address**  
This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), or DX.

**② Designated member**  
There must be at least two designated members at all times.

**Additional appointments**  
If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page.

|           |                                                                                                                                                                |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C2</b> | <b>Location of the registry of the corporate body or firm</b>                                                                                                  |
|           | Is the corporate member a limited company registered in the UK?<br>→ <b>Yes</b> Complete <b>Section C3 only</b><br>→ <b>No</b> Complete <b>Section C4 only</b> |

|                     |                                                                                                                                                                         |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C3</b>           | <b>UK-registered limited companies ③</b>                                                                                                                                |
|                     | Please give the company registration number.                                                                                                                            |
| Registration number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

**③** You can find the registration number on our website <https://beta.companieshouse.gov.uk>

|                                                     |                                                                                                                                                                                                                                                             |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C4</b>                                           | <b>Other corporate bodies &amp; firms</b>                                                                                                                                                                                                                   |
|                                                     | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. |
| Legal form of the corporate body or firm            |                                                                                                                                                                                                                                                             |
| Governing law                                       |                                                                                                                                                                                                                                                             |
| If applicable, where the company/firm is registered |                                                                                                                                                                                                                                                             |
| If applicable, the registration number              |                                                                                                                                                                                                                                                             |

**④** Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register

**Part 3****People with significant control (PSC)**

Use this Part to tell us about people with significant control or registrable relevant legal entities in respect of the LLP. Do not use this Part to tell us about any individual people with significant control whose particulars must not be disclosed on the public record. You must use a separate form, which you can get by contacting us [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

If on incorporation there will be someone who will count as a person with significant control (either a registrable person or registrable relevant legal entity (RLE)) in relation to the LLP, tick the box in D1 and complete any relevant sections. If there will be no registrable person or RLE tick the box in D2 and go to **Part 4 Election to keep information on the public register.**

**D1****Statement of initial significant control <sup>①</sup>**

- ☒ On incorporation, there will be someone who will count as a person with significant control (either a registrable person or registrable RLE) in relation to the LLP.

**① Statement of initial significant control**  
If there will be a registrable person (which includes 'other registrable persons') or RLE, please complete the appropriate details in sections D, E & F.  
Please use the PSC continuation pages if necessary.

**D2****Statement of no PSC**

(Please tick the statement below if appropriate )

- ☐ The LLP knows or has reason to believe that there will be no person with significant control (either a registrable person or RLE) in relation to the LLP.



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## Individual PSC

D3

## Individual's details

Use sections D3-D9 as appropriate to tell us about individuals with significant control who are registrable persons and the nature of their control in relation to the LLP.

|                                         |                                                                                                           |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Title*                                  | MR                                                                                                        |
| Full forename(s)                        | BARRY                                                                                                     |
| Surname                                 | FLYNN                                                                                                     |
| Country/State of residence <sup>①</sup> | NORTHERN IRELAND                                                                                          |
| Nationality                             | IRISH                                                                                                     |
| Month/year of birth <sup>②</sup>        | X X   m <sub>1</sub>   m <sub>2</sub>   y <sub>1</sub>   y <sub>9</sub>   y <sub>7</sub>   y <sub>1</sub> |

## ① Country/State of residence

This is in respect of the usual residential address as stated in section D6.

## ② Month and year of birth

Please provide month and year only.

D4

Individual's service address <sup>③</sup>

Please complete the individual's service address below. You must also complete the individual's usual residential address in Section D6.

|                      |                         |
|----------------------|-------------------------|
| Building name/number | 2ND FLOOR, 5-23         |
| Street               | HILL STREET             |
| Post town            | BELFAST                 |
| County/Region        |                         |
| Postcode             | B   T   1     2   L   A |
| Country              | NORTHERN IRELAND        |

## ③ Service address

This is the address that will appear on the public record. This does not have to be the individual's usual residential address.

If you provide the individual's residential address here it will appear on the public record.

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## Application for the incorporation of a Limited Liability Partnership (LLP)

D7

### Nature of control for an individual <sup>①</sup>

Please indicate how the individual is a person with significant control over the LLP.

#### Share of assets

The individual holds or is treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets of the LLP on a winding up (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of voting rights

The individual holds, directly or indirectly, the following percentage of the LLP voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of right to appoint/remove LLP management

- ☐ The individual holds, directly or indirectly, the right to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

#### Significant influence or control (Only tick if none of the above apply)

- ☒ The individual has the right to exercise, or actually exercises, significant influence or control over the LLP.

① Tick each that apply.

D8

### Nature of control by a firm over which the individual has significant control <sup>②</sup>

The individual has the right to exercise or actually exercises significant influence or control over the activities of a firm that is not a legal person under its governing law, and:

the members of that firm (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the members of that firm (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

- ☐ the members of that firm (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

- ☐ the members of that firm (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

② Tick each that apply.

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

D9

### Nature of control by a trust over which the individual has significant control<sup>1</sup>

The individual has the right to exercise or actually exercises significant influence or control over the activities of a trust and:

the trustees of that trust (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the trustees of that trust (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

- ☐ the trustees of that trust (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

- ☐ the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

<sup>1</sup> Tick each that apply.

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

### Individual PSC

|                                         |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D3</b>                               | <b>Individual's details</b>                                                                                                                                                 |                                                                                                                                                                                                                                                                          |
|                                         | Use sections D3-D9 as appropriate to tell us about individuals with significant control who are registrable persons and the nature of their control in relation to the LLP. |                                                                                                                                                                                                                                                                          |
| Title*                                  |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Full forename(s)                        |                                                                                                                                                                             | <p><b>① Country/State of residence</b><br/>This is in respect of the usual residential address as stated in section D6.</p> <p><b>② Month and year of birth</b><br/>Please provide month and year only.</p>                                                              |
| Surname                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Country/State of residence <sup>①</sup> |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Nationality                             |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Month/year of birth <sup>②</sup>        | <div> <div>X</div> <div>X</div> <div>m</div> <div>m</div> <div>y</div> <div>y</div> <div>y</div> <div>y</div> </div>                                                        |                                                                                                                                                                                                                                                                          |
| <b>D4</b>                               | <b>Individual's service address <sup>③</sup></b>                                                                                                                            |                                                                                                                                                                                                                                                                          |
|                                         | Please complete the individual's service address below. You must also complete the individual's usual residential address in Section D6.                                    |                                                                                                                                                                                                                                                                          |
| Building name/number                    |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Street                                  |                                                                                                                                                                             | <p><b>③ Service address</b><br/>This is the address that will appear on the public record. This does not have to be the individual's usual residential address.</p> <p>If you provide the individual's residential address here it will appear on the public record.</p> |
| Post town                               |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| County/Region                           |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Postcode                                |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |
| Country                                 |                                                                                                                                                                             |                                                                                                                                                                                                                                                                          |

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

D7

### Nature of control for an individual <sup>①</sup>

Please indicate how the individual is a person with significant control over the LLP.

#### Share of assets

The individual holds or is treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets of the LLP on a winding up (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of voting rights

The individual holds, directly or indirectly, the following percentage of the LLP voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of right to appoint/remove LLP management

- ☐ The individual holds, directly or indirectly, the right to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

#### Significant influence or control (Only tick if none of the above apply)

- ☐ The individual has the right to exercise, or actually exercises, significant influence or control over the LLP.

① Tick each that apply.

D8

### Nature of control by a firm over which the individual has significant control <sup>②</sup>

The individual has the right to exercise or actually exercises significant influence or control over the activities of a firm that is not a legal person under its governing law, and:

the members of that firm (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the members of that firm (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

- ☐ the members of that firm (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

- ☐ the members of that firm (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

② Tick each that apply.

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

D9

### Nature of control by a trust over which the individual has significant control <sup>①</sup>

The individual has the right to exercise or actually exercises significant influence or control over the activities of a trust and:

the trustees of that trust (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the trustees of that trust (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

☐ the trustees of that trust (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

☐ the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

① Tick each that apply.

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

## Relevant legal entity (RLE)

| E1 RLE details         |  |
|------------------------|--|
| Corporate or firm name |  |
| Building name/number   |  |
| Street                 |  |
| Post town              |  |
| County/Region          |  |
| Postcode               |  |
| Country                |  |

| E2 Legal form and governing law                                                                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Please give details of the legal form of the RLE and the law by which it is governed. If applicable, please also give details of the register of companies in which it is entered (including the country/state) and its registration number in that register. |  |
| Legal form                                                                                                                                                                                                                                                    |  |
| Governing law                                                                                                                                                                                                                                                 |  |
| If applicable, register in which RLE is entered <sup>1</sup>                                                                                                                                                                                                  |  |
| Country/State                                                                                                                                                                                                                                                 |  |
| Registration number                                                                                                                                                                                                                                           |  |

**<sup>1</sup> Registration number**  
Where you have provided details of the register (including country/state) where the RLE is registered, you must also provide its number in that register.

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

E3

### Nature of control for the RLE <sup>①</sup>

Please indicate how the RLE has significant control over the LLP.

① Tick each that apply.

#### Share of assets

The RLE holds or is treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets of the LLP on a winding up (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of voting rights

The RLE holds, directly or indirectly, the following percentage of the LLP voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of right to appoint/remove LLP management

- ☐ The RLE holds, directly or indirectly, the right to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

#### Significant influence or control (Only tick if none of the above apply)

- ☐ The RLE has the right to exercise, or actually exercises, significant influence or control over the LLP.

E4

### Nature of control by a firm over which the RLE has significant control <sup>②</sup>

The RLE has the right to exercise or actually exercises significant influence or control over the activities of a firm that is not a legal person under its governing law, and:

② Tick each that apply.

the members of that firm (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the members of that firm (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

- ☐ the members of that firm (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

- ☐ the members of that firm (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.



# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

E5

### Nature of control by a trust over which the RLE has significant control<sup>①</sup>

The RLE has the right to exercise or actually exercises significant influence or control over the activities of a trust and:

the trustees of that trust (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the trustees of that trust (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

☐ the trustees of that trust (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

☐ the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

① Tick each that apply.

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

**Other registrable person (ORP)**

**F1**

**ORP details**

An 'other registrable person' is:

- a corporation sole
- a government or government department of a country or territory or a part of a country or territory
- an international organisation whose members include two or more countries or territories (or their governments)
- a local authority or local government body in the UK or elsewhere

Name of ORP

**F2**

**Principal office address<sup>①</sup>**

Building name/number

Street

Post town

County/Region

Postcode

Country

**① Principal office address**

This is the address that will appear on the public record.

**F3**

**Legal form and governing law**

Legal form

Governing law

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

F4

### Nature of control <sup>①</sup>

Please show how the ORP has significant control over the LLP.

#### Share of assets

The ORP holds or is treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets of the LLP on a winding up (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of voting rights

The ORP holds, directly or indirectly, the following percentage of the LLP voting rights in the LLP

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

#### Ownership of right to appoint/remove LLP management

- ☐ The ORP holds, directly or indirectly, the right to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

#### Significant influence or control (Only tick if none of the above apply)

- ☐ The ORP has the right to exercise, or actually exercises, significant influence or control over the LLP.

① Tick each that apply.

F5

### Nature of control by a firm over which the ORP has significant control <sup>②</sup>

The ORP has the right to exercise or actually exercises significant influence or control over the activities of a firm that is not a legal person under its governing law, and:

the members of that firm (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the members of that firm (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

- ☐ the members of that firm (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

- ☐ the members of that firm (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

② Tick each that apply.

F6

**Nature of control by a trust over which the ORP has significant control <sup>①</sup>**

The ORP has the right to exercise or actually exercises significant influence or control over the activities of a trust and:

the trustees of that trust (in their capacity as such) hold or are treated as holding, directly or indirectly, the right to share in the following percentage of any surplus assets on a winding up of the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

the trustees of that trust (in their capacity as such) hold, directly or indirectly, the following percentage of the voting rights in the LLP (tick only one):

- ☐ more than 25% but not more than 50%
- ☐ more than 50% but less than 75%
- ☐ 75% or more

☐ the trustees of that trust (in their capacity as such) hold the right, directly or indirectly, to appoint or remove a majority of the members who are entitled to take part in the management of the LLP.

☐ the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the LLP.

<sup>①</sup> Tick each that apply.

## Part 4 Election to keep information on the public register

The proposed members of an LLP can agree to elect to keep certain information on the public register at Companies House, rather than keeping their own registers. Tick the appropriate box to show which information the proposed members are electing to keep on the public register. If the proposed members have not agreed to keep any of this information on the public register, go to Part 5 Consent to Act.

G1

### Election to keep LLP members' register information on the public register

**IMPORTANT:**

**If the proposed members elect to keep this information on the public register, everyone who is an individual LLP member while the election is in force will have their full date of birth available on the public record ❶**

- ☐ All proposed members elect to keep LLP members' register information on the public register.

❶ If the proposed members don't make this election, only the month and year of birth will be available on the public record.

G2

### Election to keep LLP members' usual residential address (URA) register information on the public register

If the proposed members elect to keep this information on the public register, the URA will **not** be publicly available.

- ☐ All proposed members elect to keep LLP members' URA register information on the public register.

G3

### Election to keep PSC register information on the public register

**IMPORTANT:**

**If the proposed members elect to keep this information on the public register, everyone who is an individual PSC while the election is in force will have their full date of birth available on the public record ❷**

- ☐ All proposed members elect to keep PSC register information on the public register.
- ☐ No objection was received by the proposed members from any eligible person within the notice period before making the election. ❸

❷ If the proposed members don't make this election, only the month and year of birth will be available on the public record.

**❸ Eligible person**

An eligible person is a person whose details would have to be entered in the LLP's PSC register

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

## Part 5 Consent to act

H1

### Consent to act

Please tick the box to confirm consent.

- ☒ I confirm that each of the persons named as a member or designated member has consented to act in that capacity.

## Part 6 Statement about individual PSC particulars

I1

### Particulars of an individual PSC <sup>1</sup>

Please tick the box to confirm.

- ☒ The proposed members confirm that each person named in this application as an individual PSC knows that their particulars are being supplied as part of this application.

<sup>1</sup> Only tick this if you have completed details of one or more individual PSCs in sections D3-D9.

## Part 7 Signature

J1

### Signature

I certify that I am a

- Solicitor engaged in the formation of this LLP or
- Member named of this LLP

and that two or more persons named in this form are associated for carrying on lawful business with a view to profit.

I am signing this form on behalf of the LLP

Signature

Signature



LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

 **Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

Company name **QUARTER CHARTERED**

**ACCOUNTANTS**

Address **ST ANNE'S HOUSE**

**15 CHURCH STREET**

Post town **BELFAST**

County/Region

Postcode 

|   |   |   |  |   |   |   |
|---|---|---|--|---|---|---|
| B | T | 1 |  | 1 | P | G |
|---|---|---|--|---|---|---|

Country **NORTHERN IRELAND**

DX

Telephone **02890921270**

 **Certificate**

We will send your certificate to the presenter's address (shown above) or if indicated to another address shown below:

☐ At the registered office address (Given in section A4).

 **Checklist**

**We may return forms completed incorrectly or with information missing.**

**Please make sure you have remembered the following:**

- ☐ You have checked that the proposed LLP name is available as well as the various rules that may affect your choice of name. More information can be found in guidance on our website.
- ☐ If the name of the LLP is the same as one already on the register as permitted by The Company LLP and Business (Names and Trading Disclosures) Regulations 2015, please attach consent.
- ☐ You have used the correct appointment sections.
- ☐ Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address) or DX
- ☐ The document has been signed, where indicated.
- ☐ All relevant attachments have been included.
- ☐ You have enclosed the correct fee.

 **Important information**

**Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses. Day of birth will only be shown on the public record if the proposed members have elected to keep PSC and/or LLP members' information on the public register.**

 **How to pay**

**A fee is payable on this form.**  
Make cheques or postal orders payable to 'Companies House'. For information on fees, go to: [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)

 **Where to send**

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

**For LLPs registered in England and Wales:**  
The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**For LLPs registered in Scotland:**  
The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1

**For LLPs registered in Northern Ireland:**  
The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.

**Section 243 or 790ZF exemption**  
If you are applying for, or have been granted a section 243 or 790ZF exemption, please post this whole form to the different postal address below:  
The Registrar of Companies, PO Box 4082,  
Cardiff, CF14 3WE.

 **Further information**

For further information, please see the guidance notes on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.gov.uk/companieshouse](http://www.gov.uk/companieshouse)**

**FILE COPY**



**CERTIFICATE OF INCORPORATION  
OF A  
LIMITED LIABILITY PARTNERSHIP**

Partnership Number **NC001708**

The Registrar of Companies for Northern Ireland, hereby certifies that

**MOLDAN INVESTMENTS LLP**

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership, that the partnership is limited, and the situation of its registered office is in Northern Ireland

Given at Companies House, Belfast, on **14th January 2022**



**Companies House**



**THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES**