

Please complete in typescript, or in bold black capitals. **CHWP000** 

## LLP288a

(LLP Act 2000 Section 9)

## Appointment of a Member to a Limited **Liability Partnership**

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

	LLP Number	$\propto$	30060	<b>ン</b> 5				
Full Name of Limited Liability Partnership  Date of appointment  * Voluntary Information  Member Reference Number * (As advised by Companies House)		REP	Pograf	MIC OF	Fice	رب اب	Palies	LLP
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Designated member (Please tick appropriate box)  Consent signature			YES			NO		·
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		below.	7)	Na	<del></del> -	_	27.09	· · · · · · · · · · · · · · · · · · ·
Please give the name, address, telephone number and e-mail (if available) of the person Companies House should contact if there is any query. (DX addresses are acceptable for this purpose if you have one).		Tel CAL SERVICES LT TEL CALLS TEL CA						
PUB *P78UE COMPANIES HOUSE	0088 12/09/01	'When you have completed and signed the form please send it to the egistrar of Companies at:  ompanies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff r partnerships registered in England and Wales  ompanies House, 37 Castle Terrace, Edinburgh, EH1 2EB r partnerships registered in Scotland DX ED235 Edinburgh						