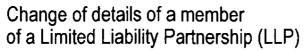
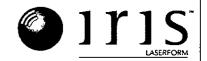
In accordance with Section 9 of the Limited Liability Partnerships Act 2000.

## LL CH01





What this form is for

You may use this form to change the details of an individual person who is a member.

What this form is NOT for

You cannot use this form to the details of a corporate me To do this, use form LL CHO 'Change of details of a corporate member of a Limited Liability Partnership.'



25 11/11/2009

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|                           | Partnership.'   | COMPANIES HOUSE   |  |  |
|---------------------------|---|---|--|--|
| 1                         | LLP details   | •   |  |  |
| LLP number                | O C 3 1 1 2 9 7   | → Filling in this form  Please complete in typescript or in bold black capitals.  All fields are mandatory unless specified or indicated by * |  |  |
| LLP name in full          | Baker & McKenzie LLP  |   |  |  |
|                           |   |   |  |  |
| 2                         | Member's current details on the Register <b>●</b>   |   |  |  |
| Date of birth *           | $d_2$ $d_0$ $m_0$ $m_4$ | Current details   |  |  |
| Title *                   |   | <ul> <li>This information is used to identify<br/>your details on the LLP record.</li> </ul>  |  |  |
| Full forename(s)          | Harry   | <ul> <li>Providing a date of birth will help<br/>us identify the correct person on</li> </ul>   |  |  |
| Surname                   | Small   | <ul> <li>the public record. This is voluntary<br/>information and if completed it will<br/>be placed on the public record.</li> </ul>         |  |  |
| 3                         | Date of change of details   |   |  |  |
| Date of change of details | 1 6 T1 72 70 70 79  |   |  |  |
|                           | Please complete the appropriate sections to indicate which of your details have changed.  | _   |  |  |
| 4                         | Change of name details  | <del></del>   |  |  |
| Title *                   |   | New name Please enter your new name.  |  |  |
| Full forename(s) 2        |   | _ I todae dinaryodi namana.   |  |  |
| Surname 2                 |   |   |  |  |
| 5                         | Change of service address <b>⑤</b>  |   |  |  |
| Building name/number      | The LLP's Registered Office   | Service address This is the address that will appear  |  |  |
| Street                    |   | on the public record. This does not have to be your usual residential address.  |  |  |
| Post town                 |   | Please state 'The LLP's Registered Office' if your service address is   |  |  |
| County/Region             |   | recorded in the company's register<br>of members as the LLP's registered  |  |  |
| Postcode                  |   | office.  If you provide your residential address here it will appear on the public record.  |  |  |
| Country                   |   |   |  |  |
|                           | [x] I confirm that there has been no change in the LLP's register of members' residential addresses.  | Please complete Section 5a if your usual residential address has changed.   |  |  |

LL CH01
Change of details of a member of a Limited Liability Partnership (LLP)

| 6  | Change of country/state of residence   |   |  |  |  |
|--|--|---|--|--|--|
| Change of country/<br>state of residence |  |   |  |  |  |
| 7  | Change of status of member   |   |  |  |  |
|  | I consent to act as a   ☐ designated member ☐ member of the above named LLP. |   | Change of status Please tick one box.  Consent signature Please sign to indicate your consent to the change of status.  Please only sign here if you are changing your status as a member. |  |  |
| Member's consent signature 2             | Signature X  | X |  |  |  |
| 8  | Authorising signature •  | 1 |  |  |  |
|  | This must be completed in all cases.   | • | Authorising signature  |  |  |
|  | I am signing this form on behalf of the LLP.                                 |   | This must be signed in all cases.  |  |  |
| Signature                                | Signature<br>X C. Lemo   | X |  |  |  |
|  | This form must be signed by: Designated member, Judicial factor.             |   |  |  |  |

LL CH01
Change of details of a member of a Limited Liability Partnership (LLP)

| Presenter information  | Important 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.   | Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses. |  |  |
| Contact name Jonathan Westwell   | ☑ Where to send   |  |  |
| on the form. The contact information you give will be visible to searchers of the public record.   | information relating to usual residential addresses.  |  |  |
| Any new address must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.  You have entered the relevant change of details.  You have signed your consent if you have changed your membership status in Section 7.  A designated member has signed the form in Section 8. | This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk                        |  |  |
|  |   |  |  |