BLUEPRINT 2000

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

Please complete in typescript, or in bold black capitals.

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

CHFP010 LLP Number OC322935 Taylor Wessing Limited Liability Partnership **Full Name of Limited** Liability Partnership Day Month Year

London

Designated Member

Taylor Wessing LLP,

Date of appointment * Voluntary Member Reference Number *	0, 1 0, 5 2, 0, 0, 7 Day Month Year
Information (As advised by Companies House)	Birth 3 1 0 7 1 9 6 8
Peers or others known by a title may use the title instead Corporate name	Amsallem
of or in addition to Forename(s)	Gilles
Usual residential address ††	
the address X shown is a service	5 NEW STREET SOURCE

beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise. give your usual (Please tick appropriate residential address. In the case of a corporation, give the registered or principal office address.

County / Region Designated member

Post town

box)

YES NO X

Consent signature

I consent to act as a member of the above named limited liability partnership **Date** Another Member being a Dosignated Member must sign and date the form in the boxes below. **Date** 2008

Postcode

Country

Signed

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to The contact information that you give will be visible to searchers of the public

contact you if there is a query on the form. record.

19/12/2008 A75 COMPANIES HOUSE

DX number 41 DX exchange London When you have completed and signed the form please send it to the

Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

Tel

DX 235 Edinburgh or LP - 4 Edinburgh 2