

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

or LP - 4 Edinburgh 2

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	OC338955
Full Name of Limited Liability Partnership	A B L BANKING SERVICES LLP
Date of appointment * Voluntary Member Reference Number *	Day Month Year 0 7 0 8 2 0 0 9 Day Month Year Date of
Information (As advised by Companies House)	birth 1 3 0 9 1 9 4 1
Peers or others known by a title may use the title instead Surname or Corporate name	HOWLEY
of or in addition to Forename(s) their name	MICHAEL
Usual residential address **	AXHOLME HOUSE
†† Tick this box if the address	NORTH STREET, CROWLE
shown is a service address Post town for the	SCUNTHORPE UK Postcode DN17 4NB
beneficiary of a Confidentiality Order granted County / Region	NORTH LINCOLNSHIRE Country
under section 723B of the Companies Act 1985 otherwise, Designated member (Please tick appropriate	✓ YES NO
give your usual residential box)	I consent to act as a member of the above named limited liability partnership
address. In the case of a Consent signature corporation, give	Milon ly Date 7-8.09
the registered or principal office address.	Another Member being a Designated Member must sign and date the form in the boxes below.
Signed	Elleske 7.8.09
You do not have to give any contact information in the box opposite but if	Designated Member
you do, it will help Companies House to contact you if there is a query on	
the form. The contact information	T-1
that you give will be visible to	Tel DX number DX exchange
AGK9UC8X A19 08/08/2009 12	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	Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF for partnerships registered in Scotland