



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

Full Name of Limited Liability Partnership

Date of appointment
Day Month Year
 P

* Voluntary Member Reference Number *
Information (As advised by Companies House)

Date of birth
Day Month Year

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Forename(s)

Usual residential address **

** Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address

Post town UK Postcode

County / Region Country

Designated member (Please tick appropriate box) YES NO

I consent to act as a member of the above named limited liability partnership

Consent signature Date

Another Member being a Designated Member must sign and date the form in the boxes below

Signed Date

Designated Member

Tel
DX number

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to

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

DX 235 Edinburgh or LP - 4 Edinburgh 2



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COMPANIES HOUSE

FRIDAY