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

LL AP01

Appointment of member of a Limited Liability Partnership (LLP)



What this form is for You may use this form to appoint an individual as a member of an LLP What this form is NOT You cannot use the form appoint a corporate mem do this, please use form 'Appointment of a corpor member of a Limited Liat Partnership (LLP)'.



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	raidicisiip (LEI).	
1	LLP details	
LLP number	0 C 3 4 2 7 5 4	→ Filling in this form Please complete in typescript or in
LLP name in full	LOC @ THE CHRISTIE LLP	bold black capitals.
		All fields are mandatory unless specified or indicated by *
2	Date of member's appointment	
Date of appointment	0 1 0 8 12 10 1 12	
3	New member's details	
Title *	DR	• Former name(s) Please provide any previous names
Full forename(s)	JOHN	which have been used for business purposes in the past 20 years
Surname	LOGUE	Married women do not need to give former names unless previously used for business purposes
Former name(s) •	-	Continue in Section 6 if required
Country/State of residence @	ENGLAND	Country/State of residence This is in respect of your usual
Date of birth	36 64 1959	residential address as stated in Section 4a
Appointment type	Are you being appointed as a designated member?	S Appointment type Your designation must match the
	☐ Yes ☐ No	status of the LLP
4	New member's service address O	<u> </u>
_	Please complete the service address below You must also complete the member's usual residential address in Section 4a	O Service address This is the address that will appear on the public record This does not
Building name/number	CHRISTIE CLINIC	have to be your usual residential address.
Street	WILMSLOW Road.	Please state 'The LLP's Registered
		Office' if your service address is recorded in the LLP's register of
Post town	MAMCHESTER	members as the LLP's registered
County/Region CY/4	SMIRC, ENGLAND	If you provide your residential
Postcode	M204BX	address here it will appear on the public record
Country	ENGLMAD	
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5	Signatures	Ì
	I consent to act as member of the above named LLP	
lew member's Ignature	X X	
uthorising signature	Signature X	
	This form may be signed and authorised by Designated member, Judicial factor	
	Additional former names (continued from Section 3)	
ormer names 0		Additional former names Use this space to enter any additional names

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Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.
™ Where to send
You may return this form to any Companies Hous address, however for expediency we advise you t return it to the appropriate address below.
For LLPs registered in England and Wales. The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ
For LLPs registered in Scotland. The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1 or LP 4 Edinburgh 2 (Legal Post).
For LLPs registered in
Northern Ireland:
The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N.R Belfast 1
Section 243 exemption If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below: The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE
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