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 men do this, please use form 'Appointment of a corpor member of a Limited Lial Partnership (LLP)'



17/09/2010 **COMPANIES HOUSE**

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1	LLP	detail	S											
LLP number	0	С	3	5 :	5	1	7	3					,	→ Filling in this form Please complete in typescript or in
LLP name in full	вс	ROLA	TUB	ELL	P									bold black capitals.
														All fields are mandatory unless specified or indicated by *
2	Date	e of m	em	ber'	s aş	opo	intr	nent	i	•				
Date of appointment	о	^d 8	ſ	"0 ["9		^y 2	70	71	70				
3	Nev	v men	bei	r's d	eta	ils				•				
Title *	MR													• Former name(s) Please provide any previous names
Full forename(s)	PHI	LIP												which have been used for business purposes in the past 20 years
Surname	GR	EEN												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 •		ITED K	UNG	DOI	M									Country/State of residence This is in respect of your usual
Date of birth	^d 1	^d 2		"o	[™] 5		^y 1	⁷ 9	⁷ 5	^y 3				residential address as stated in Section 4a
Appointment type	Are □ ☑	you bei Yes No	ng a	ррог	ited	as a	desi	gnate	d mei	mber?				Appointment type Your designation must match the status of the LLP
4	Nev	v men	ıbe	r's s	erv	ice	ado	ress	0					
										ou must a	ilso comple	ete		Service address This is the address that will appear on the public record. This does not.
Building name/number	23													have to be your usual residential address
Street	GR	AFTO	N S	ree		Please state 'The LLP's Registered								
														Office' if your service address is recorded in the LLP's register of
Post town	LO	NDON												members as the LLP's registered office
County/Region	<u> </u>				,		_		_					If you provide your residential
Postcode	W	1	s		4	E	Y							address here it will appear on the public record
Country	UN	ITED K	ING	DO	M									,

LL APO1
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I consent to act as member of the above named LLP New member's signature Separature This form may be signed and authorised by Designated member, Judicial factor Additional former names (continued from Section 3) Former names OAdditional former names use this space to enter any additional names.	5	Signatures	
Authorising signature This form may be signed and authorised by Designated member, Judicial factor Additional former names (continued from Section 3) Former names OAdditional former names Use this space to enter		I consent to act as member of the above named LLP	
This form may be signed and authorised by Designated member, Judicial factor Additional former names (continued from Section 3) Former names Use this space to enter		/i	
Former names • Use this space to enter	Authorising signature	X Steple X	
Former names • Use this space to enter	6	Additional former names (continued from Section 3)	
	Former names ①		Use this space to enter

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Presenter information You do not have to give any contact information, but if you do it will help Companies House if there is a guery on the form. The contact information you give will be visible to searchers of the public record addresses. Contact name PATRICK STEPHANSEN Company name C/O PARTNER CAPITAL LTD 23 GRAFTON STREET DX 33050 Cardiff LONDON County Region W S Εİ COUNTRY UNITED KINGDOM 020 7355 0030 Northern Ireland Checklist We may return forms completed incorrectly or with information missing Please make sure you have remembered the following ☐ The LLP name and number match the information held on the public Register You have provided a correct date of birth ☐ You have completed the date of appointment Cardiff, CF14 3WE ☐ You have completed the appointment type ☐ You have indicated if you are a designated member You have provided both the service address and the

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential

Where to send

You may return this form to any Companies House address, however for expediency we advise you to 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

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,

Further information

For further information, please see the guidance notes on the website at www companieshouse gov uk or email enquiries@companieshouse gov uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

usual residential address

completing this form

designated member

□ Addresses must be a physical location They cannot

You have included all former names used for business purposes over the last 20 years

☐ You have enclosed a relevant Section 243

☐ The new member has signed the form An authorising signature has been given by a

be a PO Box number (unless part of a full service

address), DX or LP (Legal Post in Scotland) number

application if applying for this at the same time as