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

X What this form is NOT for You cannot use the form to appoint a corporate member do this, please use form LLA 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'

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26/07/2011

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1	LLP details	COMPANIES HOUSE
LLP number LLP name in full	O C 3 5 9 1 0 3  The Boston Consulting Group UK LLP	<ul> <li>→ Filling in this form         Please complete in typescript or in bold black capitals.     </li> <li>All fields are mandatory unless specified or indicated by *</li> </ul>
2	Date of member's appointment	,
Date of appointment	<sup>d</sup> O <sup>d</sup> 1	
3	New member's details	
Title * Full forename(s)	Sukand	Former name(s)     Please provide any previous names which have been used for business purposes in the past 20 years.
Surname	Ramachandran	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 •  Date of birth	υκ_   <sup>d</sup> 1   <sup>d</sup> 6   <sup>m</sup> 0   <sup>m</sup> 1   <sup>y</sup> 1   <sup>y</sup> 9   <sup>y</sup> 7   <sup>y</sup> 1	Country/State of residence This is in respect of your usual residential address as stated in Section 4a  Appointment type Your designation must match the status of the LLP
Appointment type	Are you being appointed as a designated member?  Yes  No	
4	New member's service address ©	·
	Please complete the service address below You must also complete the member's usual residential address in <b>Section 4a</b>	Service address     This is the address that will appear on the public record. This does not
Building name/number	20	have to be your usual residential
Street	Manchester Square	address  Please state 'The LLP's Registered Office' if your service address is
Post town	London	recorded in the LLP's register of members as the LLP's registered
County/Region		office
Postcode	W 1 U 3 P Z	If you provide your residential address here it will appear on the public record
Country	United Kingdom	риянс гесоға

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