

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 for
You cannot use the form
to appoint a corporate member
to this, please use form
LL AP02 'Appointment of a corporate
member of a Limited Liability
Partnership (LLP)'

THURSDAY



A21

A1AKV3H4

07/06/2012

#324

COMPANIES HOUSE

1 LLP details

LLP number

LLP name in full

→ Filling in this form
Please complete in typescript or in
bold black capitals

All fields are mandatory unless
specified or indicated by *

2 Date of member's appointment

Date of appointment

3 New member's details

Title *	<input type="text" value="MR."/>
Full forename(s)	<input type="text" value="BHARAT"/>
Surname	<input type="text" value="POOJARA"/>
Former name(s) ①	<input type="text"/>
Country/State of residence ②	<input type="text" value="U-K."/>
Date of birth	<input type="text" value="d"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="m"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="y"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="5"/> <input type="text" value="6"/>
Appointment type ③	Are you being appointed as a designated member? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- ① Former name(s)
Please provide any previous names
which have been used for business
purposes in the past 20 years

Married women do not need to give
former names unless previously used
for business purposes

Continue in Section 6 if required
- ② Country/State of residence
This is in respect of your usual
residential address as stated in
Section 4a
- ③ Appointment type
Your designation must match the
status of the LLP

4 New member's service address ④

Please complete the service address below. You must also complete
the member's usual residential address in Section 4a

Building name/number	<input type="text" value="The LLP's Registered Office"/>
Street	<input type="text"/>
Post town	<input type="text"/>
County/Region	<input type="text"/>
Postcode	<input type="text"/>
Country	<input type="text"/>

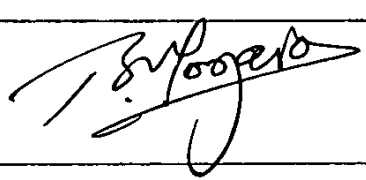

- ④ Service address
This is the address that will appear
on the public record. This does not
have to be your usual residential
address

Please state 'The LLP's Registered
Office' if your service address is
recorded in the LLP's register of
members as the LLP's registered
office

If you provide your residential
address here it will appear on the
public record

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	<div>Signature X  X</div>	
Authorising signature	<div>Signature X  X</div>	
This form may be signed and authorised by Designated member, Judicial factor		

6	Additional former names (continued from Section 3)	
Former names ①	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div>① Additional former names Use this space to enter any additional names</div>