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 fo What this form is NOT fo You cannot use the form to appoint a corporate memb do this, please use form LI 'Appointment of a corporal member of a Limited Liabi



07/06/2012

	member of a Limited Liabi Partnership (LLP)'	COMPANIES HOUSE	
1	LLP details		
LLP number	O C 3 6 9 2 9 7	→ Filling in this form Please complete in typescript or in	
LLP name in full	1 Westbourne Gardens LLP	bold black capitals.	
		All fields are mandatory unless specified or indicated by *	
2	Date of member's appointment		
Date of appointment	^d 0 ^d 2 ^m 0 ^m 2 ^y 2 ^y 0 ^y 1 ^y 2		
3	New member's details		
Title *	MRS.	• Former name(s) Please provide any previous names	
Full forename(s)	SHILA BHARAT	which have been used for business purposes in the past 20 years	
		Married women do not need to give former names unless previously used	
Surname	POOJARA	for business purposes	
Former name(s) •		Continue in Section 6 if required	
Country/State of residence •	u. K	Country/State of residence This is in respect of your usual	
Date of birth	124 08 11958	residential address as stated in Section 4a	
Appointment type •	Are you being appointed as a designated member?	• Appointment type Your designation must match the	
	Yes Vo	status of the LLP	
4	New member's service address • OService address • OService address		
	Please complete the service address below You must also complete the member's usual residential address in Section 4a	This is the address that will appear	
Building name/number	The LLP's Registered Office	on the public record This does not have to be your usual residential address	
Street		address Please state 'The LLP's Registered	
		Office' if your service address is recorded in the LLP's register of	
Post town		members as the LLP's registered office	
County/Region		If you provide your residential	
Postcode		address here it will appear on the public record	
Country			

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	X SBOUND X	
Authorising signature	This form may be signed and authorised by. Designated member, Judicial factor	
6	Additional former names (continued from Section 3)	
Former names 0		Additional former names Use this space to enter any additional names