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



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25/06/2012 COMPANIES HOUSE

#199

A21

07/06/2012

#339

	Partnership (LLP)'	COMPANIES HOUSE	
1	LLP details		
LP 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 d 2 d 3 0 d 1 d 2		
3	New member's details		
Title *	MR.	• Former name(s) Please provide any previous names	
Full forename(s)	INDRAKUMAR. DADOBTIAL.	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.	
C	00		
Surname	PATEL		
Former name(s) •		Continue in Section 6 if required	
Country/State of residence •	UVK	Ocountry/State of residence This is in respect of your usual residential address as stated in Section 4a Oppointment type Your designation must match the status of the LLP	
Date of birth	05 08 11941		
Appointment type •	Are you being appointed as a designated member?		
	☐' Yes		
	☑ No		
4	New member's service address o		
	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/numbe	The LLP's Registered Office	have to be your usual residential address.	
Street		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	
Post town			
County/Region		If you provide your residential	
Postcode		address here it will appear on the public record	
Country			

BIS Department for Business Innovation & Skills

CHFP000 05/10 Version 4 0

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

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