

LL AP01

BLUEPRINT**2000**

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 do this, use
form LL AP02 'Appointment of a
corporate member of a Limited
Liability Partnership (LLP)'

WEDNESDAY

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A10

08/08/2012

#368

COMPANIES HOUSE

1 LLP details

LLP number

O	C	3	7	6	5	3	6
---	---	---	---	---	---	---	---

LLP name in full

E	l	y	s	i	a	n		F	u	e	l	s		1	7		L	L	P
---	---	---	---	---	---	---	--	---	---	---	---	---	--	---	---	--	---	---	---

→ Filing in this formPlease complete in typescript or in
bold black capitalsAll fields are mandatory unless
specified or indicated by *

2 Date of member's appointment

Date of appointment

d	0	d	6	m	0	m	8	y	2	y	0	y	1	y	2
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

3 New member's details

Title *

Full forename(s)

A	n	d	r	e	w		S	t	a	n	e	s
---	---	---	---	---	---	--	---	---	---	---	---	---

Surname

R	a	n	d
---	---	---	---

Former name(s) ①

Country/State of
residence ②

U	n	i	t	e	d		K	i	n	g	d	o	m
---	---	---	---	---	---	--	---	---	---	---	---	---	---

Date of birth

d	1	d	5	m	1	m	1	y	1	y	9	y	6	y	3
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Appointment type ③ Are you being appointed as a designated member?

- ☐ Yes
☒ No

① Former name(s)Please provide any previous names
which have been used for business
purposes in the past 20 yearsMarried women do not need to give
former names unless previously used
for business purposes

Continue in Section 6 if required

② Country/State of residenceThis 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

6	2
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Street

S	t	a	t	i	o	n		R	o	a	d
F	u	l	b	o	r	n					

Post town

C	a	m	b	r	i	d	e	
---	---	---	---	---	---	---	---	--

County/Region

C	a	m	b	r	i	d	g	e	s	h	i	r	e
---	---	---	---	---	---	---	---	---	---	---	---	---	---

Postcode

C	B	2	1		5	E	S
---	---	---	---	--	---	---	---

Country

U	n	i	t	e	d		K	i	n	g	d	o	m
---	---	---	---	---	---	--	---	---	---	---	---	---	---

④ Service addressThis is the address that will appear on
the public record. This does not have
to be your usual residential addressPlease state 'The LLP's Registered
Office' if your service address is
recorded in the LLP's register of
members as the LLP's registered
officeIf you provide your residential address
here it will appear on the public
record

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Signatures

I consent to act as member of the above named LLP

New member's
signature

Signature

X

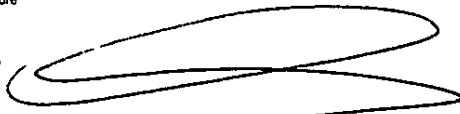


Signed under
Power of Attorney X

Authorising signature

Signature

X



X

This form must be signed and authorised by
Designated member, Judicial factor

6

Additional former names (continued from Section 3)

Former names ①

① Additional former names

Use this space to enter
any additional names

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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 query on the form. The contact information you give will be visible to searchers of the public record.

Contact name

Company name **Company Secretariat**

Department

Address **Future Capital Partners Limited**

10 Old Burlington Street

Post town **London**

County/Region

Postcode **W 1 S 3 A G**

Country **United Kingdom**

DX

Telephone



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
- ☐ You have completed the appointment type
- ☐ You have indicated if you are a designated member
- ☐ You have provided both the service address and the usual residential address
- ☐ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number
- ☐ You have included all former names used for business purposes over the last 20 years
- ☐ You have enclosed a relevant Section 243 application if applying for this at the same time as completing this form
- ☐ The new member has signed the form
- ☐ An authorising signature has been given by a designated member



Important information

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



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
DX 33050 Cardiff

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 Northern Ireland

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, Cardiff, CF14 3WE



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