

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

Oyez

080200/40

A fee is payable with this form  
Please see 'How to pay' on the last page

☒ **What this form is for**  
You may use this form to  
incorporate a Limited Liability  
Partnership

☐ **What this form is NOT for**  
You cannot use this form to  
incorporate a company  
please use form IN01 'A'  
to register a company



A28

\*A3JOC2QY\*

31/10/2014

#158

COMPANIES HOUSE

### Part 1

### LLP details

A1

#### LLP details

To check if an LLP name is available use our WebCheck service and select the  
'Company Name Availability Search' option

[www.companieshouse.gov.uk/info](http://www.companieshouse.gov.uk/info)

Please show the proposed LLP name below

LLP name in full 1

AHR MANAGEMENT SERVICES

Name ending 2

LLPXXXXXXXXXXXX

For official use

OC396324

#### Filling in this form

Please complete in typescript or in  
bold black capitals

All fields are mandatory unless  
specified or indicated by \*

#### 1 Duplicate names

Duplicate names are not permitted  
A list of registered names can be  
found on our website. There are  
various rules that may affect your  
choice of name. More information  
is available at  
[www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

#### 2 Name ending

You must delete either LLP or Limited  
Liability Partnership  
If the LLP is situated in Wales and you  
chose to have a Welsh ending (PAC or  
Partnernaeth Atebolwydd Cyfyngedig),  
please use form LL IN01c

A2

#### LLP name restrictions 3

Please tick the box only if the proposed LLP name contains sensitive or restricted  
words or expressions that require you to seek comments of a government  
department or other specified body

☐ I confirm that the proposed company name contains sensitive or restricted  
words or expressions and that approval, where appropriate, has been  
sought of a government department or other specified body and I attach a  
copy of their response

#### 3 LLP name restrictions

A list of sensitive or restricted words  
or expressions that require consent  
can be found in guidance available  
on our website  
[www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

A3

#### Situation of registered office 4

Please tick the appropriate box below that describes the situation of the  
proposed registered office (only one box must be ticked)

☒ England and Wales  
☐ Wales  
☐ Scotland  
☐ Northern Ireland

#### 4 Registered office

Every LLP must have a registered  
office and this is the address to  
which the Registrar will send  
correspondence  
For England and Wales LLPs, the  
address must be in England or Wales  
For Welsh, Scottish or Northern  
Ireland LLPs, the address must be in  
Wales, Scotland or Northern Ireland  
respectively

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

A4

**Registered office address <sup>1</sup>**

Please give the registered office address of your LLP

Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F

**<sup>1</sup> Registered office address**

You must ensure that the address shown in this section is consistent with the situation indicated in section A3

You must provide an address in England or Wales for LLPs to be registered in England and Wales

You must provide an address in Wales, Scotland or Northern Ireland for LLPs to be registered in Wales, Scotland or Northern Ireland respectively

A5

**Members' designation**

Will all members from time to time be designated members? <sup>2</sup>

- ☐ Yes  
☒ No

**<sup>2</sup> Members' designation**

If 'Yes' all members named will be designated. If 'No' at least two members named must be designated

**LLIN01**

Application for the incorporation of a Limited Liability Partnership (LLP)

**Part 2****Proposed officers**

- For a member who is an individual, go to **Section B1**
- For a corporate member, go to **Section C1**

There must be two designated members at all times Unless there are at least two designated members all members will be designated

**Member****B1****Member appointments <sup>1</sup>**

Please use this section to list all the member appointments taken on formation  
For a corporate member complete C1-C5

Title*	MR																
Full forename(s)	RICHARD																
Surname	BLAIR																
Former name(s) <sup>2</sup>																	
Country/State of residence <sup>3</sup>	SCOTLAND																
Date of birth	<table border="1"><tr><td>d</td><td>0</td><td>d</td><td>1</td><td>m</td><td>0</td><td>m</td><td>7</td><td>y</td><td>1</td><td>y</td><td>9</td><td>y</td><td>6</td><td>y</td><td>8</td></tr></table>	d	0	d	1	m	0	m	7	y	1	y	9	y	6	y	8
d	0	d	1	m	0	m	7	y	1	y	9	y	6	y	8		
Designated member <sup>4</sup>	<p>Please tick this box if you are consenting to act as a <b>designated</b> member</p> <p><input checked="" type="checkbox"/></p>																

**1 Appointments**

For corporate member appointments, please complete Section C1-C5 instead of Section B

**2 Former name(s)**

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

**3 Country/State of residence**

This is in respect of your usual residential address as stated in Section B4

**4 Designated member**

There must be at least two designated members at all times

**Additional appointments**

If you wish to appoint more members, please use the 'Member appointments' continuation page

**B2****Member's service address <sup>5</sup>**

Please complete the service address below You must also fill in the member's usual residential address in **Section B4**.

Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table border="1"><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country	ENGLAND								

**5 Service address**

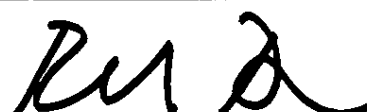
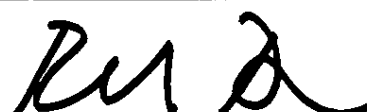
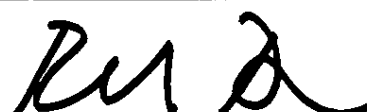
This is the address that will appear on the public record This does not have to be your usual residential address

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

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

**B3****Signature <sup>6</sup>**

I consent to act as member of the proposed LLP named in **Section A1**

Signature	<table border="1"><tr><td>Signature</td><td></td><td></td></tr></table>	Signature		
Signature				

**6 Signature**

The person named above consents to act as member of the proposed LLP

# LLIN01

Application for the incorporation of a Limited Liability Partnership (LLP)

## Member

**B1**

### Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation  
For a corporate member, complete Section C1-C5

Title*	MR																
Full forename(s)	KARLE																
Surname	BURFORD																
Former name(s) <sup>2</sup>																	
Country/State of residence <sup>3</sup>	ENGLAND																
Date of birth	<table><tr><td>d</td><td>0</td><td>d</td><td>8</td><td>m</td><td>0</td><td>m</td><td>7</td><td>y</td><td>1</td><td>y</td><td>9</td><td>y</td><td>6</td><td>y</td><td>7</td></tr></table>	d	0	d	8	m	0	m	7	y	1	y	9	y	6	y	7
d	0	d	8	m	0	m	7	y	1	y	9	y	6	y	7		
Designated member <sup>4</sup>	<p>Please tick this box if you are consenting to act as a <b>designated</b> member</p> <input type="checkbox"/>																

**1 Appointments**

For corporate member appointments, please complete Section C1-C5 instead of Section B

**2 Former name(s)**

Please provide any previous names which have been used for business purposes in the last 20 years  
Mamed women do not need to give former names unless previously used for business purposes

**3 Country/State of residence**

This is in respect of your usual residential address as stated in Section B4

**4 Designated member**

There must be at least two designated members at all times

**Additional appointments**

If you wish to appoint more members, please use the 'Member appointments' continuation page

**B2**

### Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in Section B4

Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country	ENGLAND								

**5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

**B3**

### Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1.

Signature	<table><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X
Signature		X		

**6 Signature**

The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

### B1 Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5.																	
Title*	MR																
Full forename(s)	ANDREW																
Surname	FRANCE																
Former name(s) <sup>2</sup>																	
Country/State of residence <sup>3</sup>	ENGLAND																
Date of birth	<table><tr><td>d</td><td>2</td><td>d</td><td>2</td><td>m</td><td>0</td><td>m</td><td>3</td><td>y</td><td>1</td><td>y</td><td>9</td><td>y</td><td>7</td><td>y</td><td>4</td></tr></table>	d	2	d	2	m	0	m	3	y	1	y	9	y	7	y	4
d	2	d	2	m	0	m	3	y	1	y	9	y	7	y	4		
Designated member <sup>4</sup>	<input type="checkbox"/> Please tick this box if you are consenting to act as a <b>designated</b> member																

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

### B2 Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in Section B4	
Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F
Country	

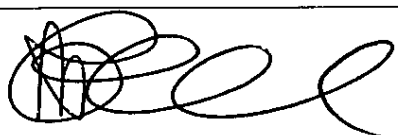
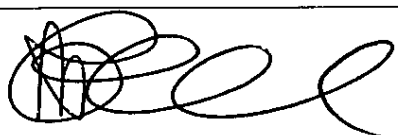
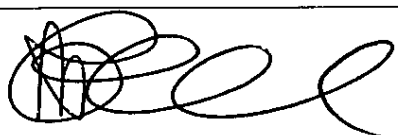
#### <sup>5</sup> Service address

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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

### B3 Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1							
Signature	<table><tr><td>Signature</td><td></td><td></td></tr><tr><td>X</td><td></td><td>X</td></tr></table>	Signature			X		X
Signature							
X		X					

#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

<b>B1</b>	<b>Member appointments <sup>1</sup></b>											
	Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5											
Title*	MRS											
Full forename(s)	SAMANTHA JANE											
Surname	GRAYSON											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table border="1"><tr><td>d</td><td>1</td><td>1</td><td>m</td><td>0</td><td>3</td><td>y</td><td>1</td><td>9</td><td>6</td><td>7</td></tr></table>	d	1	1	m	0	3	y	1	9	6	7
d	1	1	m	0	3	y	1	9	6	7		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input checked="" type="checkbox"/>											

**1 Appointments**  
For corporate member appointments, please complete section C1-C5 instead of Section B




**2 Former name(s)**  
Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

**3 Country/State of residence**  
This is in respect of your usual residential address as stated in Section B4

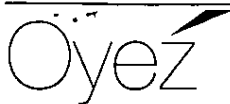
**4 Designated Member**  
There must be at least two designated members at all times

<b>B2</b>	<b>Member's service address <sup>5</sup></b>								
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4								
Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table border="1"><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country									

**5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.  
  
If you provide your residential address here it will appear on the public record.

<b>B3</b>	<b>Signature <sup>6</sup></b>			
	I consent to act as member of the proposed LLP named in Section A1.			
Signature	<table border="1"><tr><td>Signature</td><td></td><td></td></tr></table>	Signature		
Signature				

**6 Signature**  
The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

<b>B1</b>	<b>Member appointments <sup>1</sup></b>																
	Please use this section to list all the member appointments taken on formation <b>For a corporate member, complete Section C1-C5</b>																
Title*	MR																
Full forename(s)	ROBERT ALWYNNE CHARLES																
Surname	GRAYSON																
Former name(s) <sup>2</sup>																	
Country/State of residence <sup>3</sup>	ENGLAND																
Date of birth	<table border="1"><tr><td>d</td><td>0</td><td>d</td><td>4</td><td>m</td><td>0</td><td>m</td><td>2</td><td>y</td><td>1</td><td>y</td><td>9</td><td>y</td><td>6</td><td>y</td><td>1</td></tr></table>	d	0	d	4	m	0	m	2	y	1	y	9	y	6	y	1
d	0	d	4	m	0	m	2	y	1	y	9	y	6	y	1		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>																

**1 Appointments**  
For corporate member appointments, please complete section C1-C5 instead of Section B

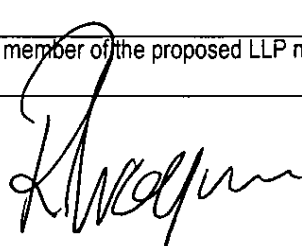
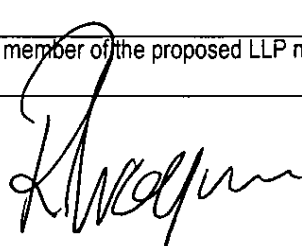
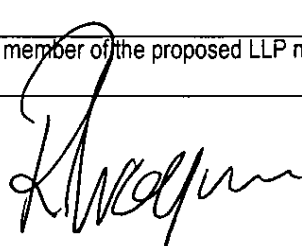
**2 Former name(s)**  
Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

**3 Country/State of residence**  
This is in respect of your usual residential address as stated in Section B4

**4 Designated Member**  
There must be at least two designated members at all times

<b>B2</b>	<b>Member's service address <sup>5</sup></b>								
	Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b>								
Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table border="1"><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country									

**5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.  
  
If you provide your residential address here it will appear on the public record.

<b>B3</b>	<b>Signature <sup>6</sup></b>			
	I consent to act as member of the proposed LLP named in <b>Section A1</b>			
Signature	<table border="1"><tr><td>Signature</td><td></td><td></td></tr></table>	Signature		
Signature				

**6 Signature**  
The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

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In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

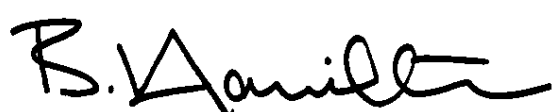
## Member

<b>B1</b>	<b>Member appointments <sup>1</sup></b>	
	Please use this section to list all the member appointments taken on formation <b>For a corporate member, complete Section C1-C5</b>	
Title*	MR	
Full forename(s)	BRYAN ROBERT	
Surname	HAMILTON	
Former name(s) <sup>2</sup>		
Country/State of residence <sup>3</sup>	ENGLAND	
Date of birth	d 2   9   m 0   4   y 1   9   5   8	
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>	

- 1 Appointments**  
For corporate member appointments, please complete section C1-C5 instead of Section B
- 2 Former name(s)**  
Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes
- 3 Country/State of residence**  
This is in respect of your usual residential address as stated in Section B4
- 4 Designated Member**  
There must be at least two designated members at all times

<b>B2</b>	<b>Member's service address <sup>5</sup></b>	
	Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b>	
Building name/number	NORWICH UNION HOUSE	
Street	HIGH STREET	
Post town	HUDDERSFIELD	
County/Region	WEST YORKSHIRE	
Postcode	H   D   1     2   L   F	
Country		

- 5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.
- If you provide your residential address here it will appear on the public record.

<b>B3</b>	<b>Signature <sup>6</sup></b>	
	I consent to act as member of the proposed LLP named in <b>Section A1</b>	
Signature	Signature X  X	

- 6 Signature**  
The person named above consents to act as member of the proposed LLP.





# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

**B1**

### Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation  
For a corporate member, complete Section C1-C5.

Title*	MR											
Full forename(s)	ALLAN											
Surname	HUNT											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table><tr><td>d</td><td>0</td><td>3</td><td>m</td><td>0</td><td>9</td><td>y</td><td>1</td><td>9</td><td>7</td><td>0</td></tr></table>	d	0	3	m	0	9	y	1	9	7	0
d	0	3	m	0	9	y	1	9	7	0		
Designated member <sup>4</sup>	<p>Please tick this box if you are consenting to act as a <b>designated</b> member</p> <input type="checkbox"/>											

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

**B2**

### Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in Section B4

Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F
Country	

#### <sup>5</sup> 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

**B3**

### Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1

Signature	<p>Signature</p> <p>X  X</p>
-----------	---


#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP

## Member

<b>B1</b>	<b>Member appointments <sup>1</sup></b>	
	Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5	
Title*	MR	<b>1 Appointments</b> For corporate member appointments, please complete section C1-C5 instead of Section B  <b>2 Former name(s)</b> Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes  <b>3 Country/State of residence</b> This is in respect of your usual residential address as stated in Section B4  <b>4 Designated Member</b> There must be at least two designated members at all times
Full forename(s)	BRIAN JOSEPH	
Surname	JOHNSON	
Former name(s) <sup>2</sup>		
Country/State of residence <sup>3</sup>	ENGLAND	
Date of birth	<div> <div>d</div> <div>1</div> <div>2</div> <div>m</div> <div>1</div> <div>0</div> <div>y</div> <div>1</div> <div>9</div> <div>y</div> <div>5</div> <div>y</div> <div>3</div> </div>	
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>	

<b>B2</b>	<b>Member's service address <sup>5</sup></b>	
	Please complete the service address below. You must also fill in the member's usual residential address in Section B4	
Building name/number	NORWICH UNION HOUSE	<b>5 Service address</b> 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.  If you provide your residential address here it will appear on the public record.
Street	HIGH STREET	
Post town	HUDDERSFIELD	
County/Region	WEST YORKSHIRE	
Postcode	H D 1 2 L F	
Country		

<b>B3</b>	<b>Signature <sup>6</sup></b>	
	I consent to act as member of the proposed LLP named in Section A1.	
Signature	Signature 	<b>6 Signature</b> The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

### B1 Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation  
For a corporate member, complete Section C1-C5

Title*	MR											
Full forename(s)	ANTHONY MICHAEL											
Surname	LANGAN											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table><tr><td>d</td><td>1</td><td>2</td><td>m</td><td>0</td><td>6</td><td>y</td><td>1</td><td>9</td><td>6</td><td>5</td></tr></table>	d	1	2	m	0	6	y	1	9	6	5
d	1	2	m	0	6	y	1	9	6	5		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input checked="" type="checkbox"/>											

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

### B2 Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in Section B4

Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country									

#### <sup>5</sup> Service address

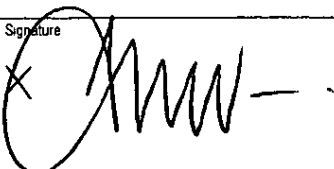
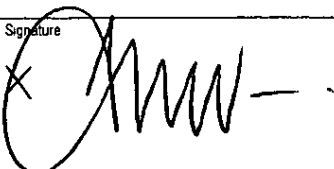
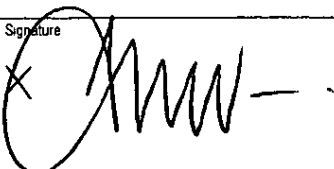
This is the address that will appear on the public record. This does not have to be your usual residential address

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

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

### B3 Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1

Signature	<table><tr><td>Signature</td><td></td></tr></table>	Signature	
Signature			

#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP

### Member

#### B1 Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation  
For a corporate member, complete Section C1-C5

Title*	MR
Full forename(s)	ANDREW
Surname	MACKIE
Former name(s) <sup>2</sup>	
Country/State of residence <sup>3</sup>	SCOTLAND
Date of birth	d 2 5 m 1 0 y 1 9 y 6 y 4
Designated member <sup>4</sup>	<p>Please tick this box if you are consenting to act as a <b>designated</b> member</p> <input type="checkbox"/>

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

#### B2 Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in Section B4

Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F
Country	

#### <sup>5</sup> 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

#### B3 Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1.

Signature	<p>Signature</p> <p>X  X</p>
-----------	--

#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

**B1**

### Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5												
Title*	MR											
Full forename(s)	DOMINIC											
Surname	MANFREDI											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table><tr><td>d</td><td>0</td><td>2</td><td>m</td><td>0</td><td>3</td><td>y</td><td>1</td><td>9</td><td>7</td><td>1</td></tr></table>	d	0	2	m	0	3	y	1	9	7	1
d	0	2	m	0	3	y	1	9	7	1		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>											

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

**B2**

### Member's service address <sup>5</sup>

Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b>									
Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country									

#### <sup>5</sup> 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

**B3**

### Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in <b>Section A1</b>						
Signature	<table><tr><td>Signature</td><td><table><tr><td>X</td><td></td><td>X</td></tr></table></td></tr></table>	Signature	<table><tr><td>X</td><td></td><td>X</td></tr></table>	X		X
Signature	<table><tr><td>X</td><td></td><td>X</td></tr></table>	X		X		
X		X				

#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP

### Member

#### B1 Member appointments <sup>1</sup>

Please use this section to list all the member appointments taken on formation  
For a corporate member, complete Section C1-C5.

Title*	MR
Full forename(s)	BRIAN
Surname	MCARTHUR
Former name(s) <sup>2</sup>	
Country/State of residence <sup>3</sup>	SCOTLAND
Date of birth	<sup>d</sup> 0 <sup>d</sup> 6 <sup>m</sup> 0 <sup>m</sup> 8 <sup>y</sup> 1 <sup>y</sup> 9 <sup>y</sup> 6 <sup>y</sup> 5
Designated member <sup>4</sup>	<input type="checkbox"/> Please tick this box if you are consenting to act as a <b>designated</b> member

- 1 Appointments**  
For corporate member appointments, please complete section C1-C5 instead of Section B
- 2 Former name(s)**  
Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes
- 3 Country/State of residence**  
This is in respect of your usual residential address as stated in Section B4
- 4 Designated Member**  
There must be at least two designated members at all times

#### B2 Member's service address <sup>5</sup>

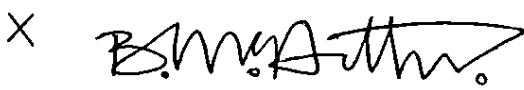
Please complete the service address below. You must also fill in the member's usual residential address in Section B4

Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F
Country	

- 5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.
- If you provide your residential address here it will appear on the public record.

#### B3 Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in Section A1

Signature	Signature 
-----------	--

- 6 Signature**  
The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

<b>B1</b>	<b>Member appointments <sup>1</sup></b>											
Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5												
Title*	MR											
Full forename(s)	MICHAEL BARRY											
Surname	WALTERS											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table border="1"><tr><td>d</td><td>0</td><td>5</td><td>m</td><td>0</td><td>8</td><td>y</td><td>1</td><td>9</td><td>6</td><td>7</td></tr></table>	d	0	5	m	0	8	y	1	9	6	7
d	0	5	m	0	8	y	1	9	6	7		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>											

**1 Appointments**  
For corporate member appointments, please complete section C1-C5 instead of Section B




**2 Former name(s)**  
Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

**3 Country/State of residence**  
This is in respect of your usual residential address as stated in Section B4

**4 Designated Member**  
There must be at least two designated members at all times

<b>B2</b>	<b>Member's service address <sup>5</sup></b>								
Please complete the service address below. You must also fill in the member's usual residential address in Section B4									
Building name/number	NORWICH UNION HOUSE								
Street	HIGH STREET								
Post town	HUDDERSFIELD								
County/Region	WEST YORKSHIRE								
Postcode	<table border="1"><tr><td>H</td><td>D</td><td>1</td><td></td><td>2</td><td>L</td><td>F</td><td></td></tr></table>	H	D	1		2	L	F	
H	D	1		2	L	F			
Country									

**5 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office.  
  
If you provide your residential address here it will appear on the public record.

<b>B3</b>	<b>Signature <sup>6</sup></b>			
I consent to act as member of the proposed LLP named in Section A1				
Signature	<table border="1"><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X
Signature		X		

**6 Signature**  
The person named above consents to act as member of the proposed LLP



# LL IN01 - continuation page

Application for the incorporation of a Limited Liability Partnership (LLP)

In accordance with Section 2 of the Limited Liability Partnership Act 2000 and the relevant provisions of the Companies Act 2006 as applied to Limited Liability Partnerships

## Member

### B1 Member appointments <sup>1</sup>

	Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5											
Title*	MR											
Full forename(s)	MARCUS DAVID											
Surname	WILKINS											
Former name(s) <sup>2</sup>												
Country/State of residence <sup>3</sup>	ENGLAND											
Date of birth	<table><tr><td>d</td><td>0</td><td>9</td><td>m</td><td>0</td><td>9</td><td>y</td><td>1</td><td>9</td><td>7</td><td>1</td></tr></table>	d	0	9	m	0	9	y	1	9	7	1
d	0	9	m	0	9	y	1	9	7	1		
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input type="checkbox"/>											

#### <sup>1</sup> Appointments

For corporate member appointments, please complete section C1-C5 instead of Section B

#### <sup>2</sup> Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years. Married women do not need to give former names unless previously used for business purposes

#### <sup>3</sup> Country/State of residence

This is in respect of your usual residential address as stated in Section B4

#### <sup>4</sup> Designated Member

There must be at least two designated members at all times

### B2 Member's service address <sup>5</sup>

	Please complete the service address below. You must also fill in the member's usual residential address in Section B4
Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	H D 1 2 L F
Country	

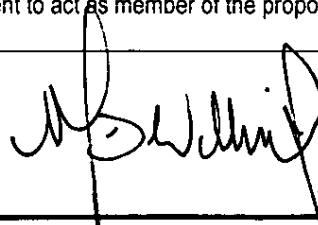
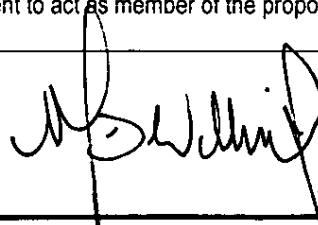
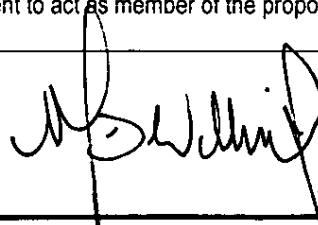
#### <sup>5</sup> Service address

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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

### B3 Signature <sup>6</sup>

	I consent to act as member of the proposed LLP named in Section A1			
Signature	<table><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X
Signature		X		

#### <sup>6</sup> Signature

The person named above consents to act as member of the proposed LLP



**Member**
**B1**
**Member appointments <sup>1</sup>**

Please use this section to list all the member appointments taken on formation For a corporate member, complete Section C1-C5	
Title*	MR
Full forename(s)	MARTIN
Surname	WRIGHT
Former name(s) <sup>2</sup>	
Country/State of residence <sup>3</sup>	ENGLAND
Date of birth	<div> <div>0</div> <div>8</div> <div>0</div> <div>6</div> <div>1</div> <div>9</div> <div>5</div> <div>8</div> </div>
Designated member <sup>4</sup>	Please tick this box if you are consenting to act as a <b>designated</b> member <input checked="" type="checkbox"/>

**<sup>1</sup> Appointments**

For corporate member appointments, please complete section C1-C5 instead of Section B

**<sup>2</sup> Former name(s)**

Please provide any previous names which have been used for business purposes in the last 20 years  
Married women do not need to give former names unless previously used for business purposes

**<sup>3</sup> Country/State of residence**

This is in respect of your usual residential address as stated in Section B4

**<sup>4</sup> Designated Member**

There must be at least two designated members at all times

**B2**
**Member's service address <sup>5</sup>**

Please complete the service address below. You must also fill in the member's usual residential address in <b>Section B4</b>	
Building name/number	NORWICH UNION HOUSE
Street	HIGH STREET
Post town	HUDDERSFIELD
County/Region	WEST YORKSHIRE
Postcode	<div> <div>H</div> <div>D</div> <div>1</div> <div>2</div> <div>L</div> <div>F</div> </div>
Country	

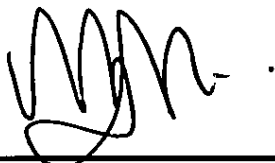
**<sup>5</sup> Service address**

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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

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

**B3**
**Signature <sup>6</sup>**

I consent to act as member of the proposed LLP named in <b>Section A1</b>	
Signature	<div> <div>Signature</div> <div>  </div> </div>

**<sup>6</sup> Signature**

The person named above consents to act as member of the proposed LLP

# LL IN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

### Corporate member

**C1**

#### Corporate member appointments <sup>1</sup>

Please use this section to list all the corporate members of the LLP

Name of corporate body or firm

Building name/number

Street

Post town

County/Region

Postcode

Country

Designated member <sup>2</sup> Please tick this box if you are consenting to act as a **designated** member

☐

#### **1 Registered or principal address**

This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or LP (Legal Post in Scotland) number

#### **2 Designated member**

There must be at least two designated members at all times

#### **Additional appointments**

If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page

**C2**

#### Location of the registry of the corporate body or firm

Is the corporate member registered within the European Economic Area (EEA)?

► Yes Complete **Section C3** only

► No Complete **Section C4** only

**C3**

#### EEA companies <sup>3</sup>

Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register

Where the company/firm is registered <sup>4</sup>

Registration number

#### **3 EEA**

A full list of countries of the EEA can be found in our guidance [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)

<sup>4</sup> This is the register mentioned in Article 3 of the First Company Law Directive (68/151/EEC)

**C4**

#### Non-EEA companies

Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register

Legal form of the corporate body or firm

Governing law

If applicable, where the company/firm is registered <sup>5</sup>

If applicable, the registration number

#### **5 Non-EEA**

Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register

**C5**

#### Signature <sup>6</sup>

I consent to act as member of the proposed LLP named in **Section A1**.

Signature

Signature

X

X

#### **6 Signature**

The person named above consents to act as corporate member of the proposed LLP

# LLIN01

## Application for the incorporation of a Limited Liability Partnership (LLP)

### Corporate member

<b>C1</b>	<b>Corporate member appointments <sup>1</sup></b>	
	Please use this section to list all the corporate members of the LLP	
Name of corporate body or firm		<b><sup>1</sup> Registered or principal address</b> This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or LP (Legal Post in Scotland) number.  <b><sup>2</sup> Designated member</b> There must be at least two designated members at all times.  <b>Additional appointments</b> If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page.
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
Designated member <sup>2</sup>	Please tick this box if you are consenting to act as a <b>designated member</b> <input type="checkbox"/>	
<b>C2</b>	<b>Location of the registry of the corporate body or firm</b>	
	Is the corporate member registered within the European Economic Area (EEA)? ▶ <b>Yes</b> Complete <b>Section C3</b> only ▶ <b>No</b> Complete <b>Section C4</b> only	
<b>C3</b>	<b>EEA companies <sup>3</sup></b>	
	Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register	<b><sup>3</sup> EEA</b> A full list of countries of the EEA can be found in our guidance <a href="http://www.companieshouse.gov.uk">www.companieshouse.gov.uk</a>  <b><sup>4</sup></b> This is the register mentioned in Article 3 of the First Company Law Directive (68/151/EEC)
Where the company/firm is registered <sup>4</sup>		
Registration number		
<b>C4</b>	<b>Non-EEA companies</b>	
	Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register	<b><sup>5</sup> Non-EEA</b> Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register.
Legal form of the corporate body or firm		
Governing law		
If applicable, where the company/firm is registered <sup>5</sup>		
If applicable, the registration number		
<b>C5</b>	<b>Signature <sup>6</sup></b>	
	I consent to act as member of the proposed LLP named in <b>Section A1</b>	<b><sup>6</sup> Signature</b> The person named above consents to act as corporate member of the proposed LLP
Signature	Signature X	

# LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

## Part 3

### Signature

I certify that I am a

- ~~Sole trader engaged in the formation of this LLP~~
- Member named of this LLP

and that two or more persons named in this form are associated for carrying on lawful business with a view to profit

I am signing this form on behalf of the LLP

Signature

Signature

X  X

# LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)



## 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

SRC/AED1/89

Company name

Eaton Smith LLP

Address

14 High Street

Huddersfield

Post town

County/Region

Postcode

H D 1 2 H A

Country

DX

DX 721870 HUDDERSFIELD 10

Telephone

01484 821300



## Certificate

We will send your certificate to the presenters address (shown above) or if indicated to another address shown below

☐ At the registered office address (Given in Section A4)



## Checklist

We may return forms completed incorrectly or with information missing

Please make sure you have remembered the following

- ☐ You have checked that the proposed LLP name is available and the various rules that may affect your choice of name. More information can be found in guidance on our website
- ☐ If the name of the company is the same as one already on the register as permitted by The Company and Business Names (Miscellaneous Provisions) Regulations 2008, please attach consent
- ☐ You have used the correct appointment section
- ☐ Any addresses given 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
- ☐ There are at least two designated members
- ☐ The document has been signed, where indicated
- ☐ You have enclosed the correct fee
- ☐ All relevant attachments have been included



## Important information

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



## How to pay

A fee is payable on this form

Make cheques or postal orders payable to 'Companies House'. For information on fees, go to [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)



## 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](http://www.companieshouse.gov.uk) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.companieshouse.gov.uk)



**FILE COPY**

**CERTIFICATE OF INCORPORATION  
OF A  
LIMITED LIABILITY PARTNERSHIP**

Partnership Number **OC396324**

The Registrar of Companies for England and Wales hereby certifies that

**AHR MANAGEMENT SERVICES LLP**

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited and the situation of the registered office is in England and Wales.

Given at Companies House on **6th November 2014**.



**Companies House**



**THE OFFICIAL SEAL OF THE  
REGISTRAR OF COMPANIES**