

# LL AP01

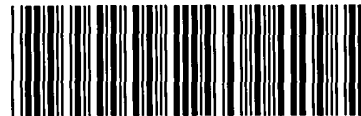
Laserform

## 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, please use form LL AP1  
'Appointment of a corporate  
member of a Limited Liability  
Partnership (LLP)'.

THURSDAY



\*A44GOUQY\*

A46

02/04/2015

#198

COMPANIES HOUSE

### 1 LLP details

LLP number 

O	C	3	9	6	6	1	5
---	---	---	---	---	---	---	---

LLP name in full 

L	I	G	H	T	S	T	O	N	E		C	A	L	D	E	R		P	A	R	K		L	L	P
---	---	---	---	---	---	---	---	---	---	--	---	---	---	---	---	---	--	---	---	---	---	--	---	---	---

→ **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 

d	1	d	6	m	0	m	1	y	2	y	0	y	1	y	5
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

### 3 New member's details

Title \* 

--

Full forename(s) 

R	O	B	E	R	T
---	---	---	---	---	---

Surname 

L	I	N	D	O
---	---	---	---	---

Former name(s) ① 

--

Country/State of residence ② 

B	R	I	T	I	S	H
---	---	---	---	---	---	---

Date of birth 

d	1	d	5	m	1	m	2	y	1	y	9	y	5	y	4
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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 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 

5	T	H		F	L	O	O	R
---	---	---	--	---	---	---	---	---

Street 

6		S	T		A	N	D	R	E	W		S	T	R	E	E	T
---	--	---	---	--	---	---	---	---	---	---	--	---	---	---	---	---	---

Post town 

L	O	N	D	O	N
---	---	---	---	---	---

County/Region 

--

Postcode 

E	C	4	A		3	A	E
---	---	---	---	--	---	---	---

Country 

U	N	I	T	E	D		K	I	N	G	D	O	M
---	---	---	---	---	---	--	---	---	---	---	---	---	---

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.

# LL AP01

Appointment of member 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 BEN KILSHAW

Company name  
HAMLINS LLP

Address ROXBURGHE HOUSE

273-284 REGENT STREET

Post town LONDON

County/Region

Postcode W 1 B 2 A D

Country UNITED KINGDOM

DX

Telephone 02073556078



## 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](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)

# LL AP01

## Appointment of member of a Limited Liability Partnership (LLP)

5

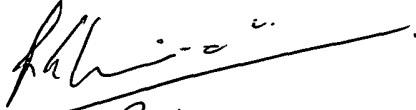
### Signatures

I consent to act as member of the above named LLP.

New member's  
signature

Signature

X

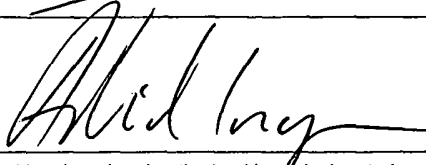


X

Authorising signature

Signature

X



X

This form must be signed and authorised by a 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.