

Please complete in typescript,

## **LLP288a**

(LLP Act 2000 Section 9)

## Appointment of a Member to a Limited **Liability Partnership**

or in bold black capitals. CHWP000

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

LLP Number			
Full Name of Limited Liability Partnership			
Date of appointment * Voluntary Member Reference Number *		Day Month Year	Day Month Year
Information (As advised by Companies House)			birth
Peers or others known by a title may use the title instead	Surname or Corporate name		
of or in addition to their name	Forename(s)		
Usual residential address <sup>++</sup>			
<sup>++</sup> Tick this box if the address shown is a			
service address for the	Post town		Postcode
beneficiary of a Confidentiality Order granted	County / Region		Country
Companies Act (Pleas	Designated member se tick appropriate	YES	NO
1985 otherwise, give your usual residential	box)	I consent to act as a member of the ab	ove named limited liability partnership
address. In the case of a <b>CO</b> corporation, give	Consent signature		Date
the registered or principal office address.		Another Member being a Designated Membe below.	r must sign and date the form in the boxes
	Signed		Date
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.		Designated Member	
		Tel	
		DX number D>	< exchange
Companies House receipt date barcode This form has been provided free of charge by Companies House		When you have completed and signed the form please send it to the Registrar of Companies at:	
		Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or	
Form October 2003		Companies House, 139 Fountainbridge for partnerships registered in Scotland	e, Edinburgh, EH3 9FF DX 235 Edinburgh