

Please complete in typescript, or in bold black capitals.

CHWP000

LLP2

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

Please leave this box blan	nk		
Full Name of Limite Liability Partnersh			
Situation of Registere Office		les" or "Scotland"	
Registered Offic Addres			
Post tov	wn		
PO Box number County / Regionally is not acceptable	on	UK Postcode	
Will all Members from time time be designated members (List members overlea	s? YES	NO If no, at least two of the listed members must be designated members	
Number of continuation shee attached to this application f incorporation	foron I certify that I am a: (Please tick app Solicitor engaged in the Member named overleans)	e formation of this LLP ons named overleaf are associated for	
Signe	ed	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.	DX number	Tel DX exchange	
Companies House receipt date barcode	Registrar of Companies at:	When you have completed and signed the form please send it to the Registrar of Companies at:	

Companies House, Crown Way, Cardiff, CF14 3UZ

for partnerships registered in England and Wales

for partnerships registered in Scotland

Form October 2003

This form has been provided free of charge

by Companies House

DX 33050 Cardiff or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh

List of Members on Incorporation Surname or Corporate name Peers or others known by a title may use the title instead Forename(s) of or in addition to their name Day Month Year Date of Member Reference Number * (as advised by Companies Birth House) ^{††} Usual Residential Address (or registered or †† Tick this box if the principal office address in the address shown is a case of a corporation or service address for the beneficiary of a Post town **Confidentiality Order** granted under the UK provisions of section County / Region 723B of the Postcode Companies Act 1985 Country I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) * Voluntary Signed **Date** information (Member to sign and date) Surname or Peers or others Corporate name known by a title may use the title instead Forename(s) of or in addition to their name Member Reference Number * Day Month Year Date of (as advised by Companies Birth House) ** Usual Residential Address (or registered or principal †† Tick this box if the office address in the case of address shown is a a corporation or Scottish firm service address for the beneficiary of a Post town **Confidentiality Order** granted under the UK County / Region

provisions of section 723B of the Companies Act 1985

* Voluntary information

> I consent to act as a member of the limited liability partnership named on page 1

Postcode

(Please tick this box if consenting to act as a designated member)

Signed **Date** (Member to sign and date)

NOTE: Unless there are at least two designated members, all members will be designated members.

Country