

LLP2 cont

Full Name of Limited Liability Partnership

List of Members on Incorporation

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

--

Forename(s)

--

Member Reference Number *
(as advised by Companies House)

--

Date of Birth

Day	Month	Year

Usual Residential Address **
(or registered or principal office address in the case of a corporation or Scottish firm)

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

Post town

--

County / Region

--

UK Postcode

--

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)

Signed

--

Date

--

(Member to sign and date)

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Signed

Date

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