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LLP288a

(LLP Act 2000 section 9)

Please complete in typescript,
or in bold black capitals.

CHFP001

Appointment of a Member to a Limited Liability Partnership

(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

Day Month Year

* Voluntary Information

Member Reference Number *
(As advised by Companies House)

Date of birth Day Month Year

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)

Usual residential address

(or registered or principal office address in the case of a corporation or Scottish firm)

Post town

UK Postcode

County / Region

Country

Designated member
(Please tick appropriate box)

YES

NO

I consent to act as a member of the above named limited liability partnership

Consent signature

Date

Another Member being a Designated Member must sign and date the form in the boxes below.

Signed

Date

Designated Member

Please give the name, address, telephone number and e-mail (if available) of the person Companies House should contact if there is any query. (DX addresses are acceptable for this purpose if you have one).

Tel

E-mail

Companies House receipt date barcode

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
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

DX ED235 Edinburgh