

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

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	0.300878
Full Name of Limited Liability Partnership	VCF LLP
* Voluntary Member Reference Number * Information (As advised by Compagies House)	Day Month Year 3 0 0 7 2 0 0 4 Day Month Year Date of 2 0 0 0 0 0 0 0 0 0
Peers or others known by a title may use the title instead of or in addition to their name (As advised by Companies House) Surname or Corporate name Forename(s)	HUGHES DAVI) MICHAEL
Usual residential address ^{††}	6 MERRYDOWN WAY
†† Tick this box if the address shown is a service address Post town	CHISLEMURST UK Postcode BR 7 5RS
for the beneficiary of a Confidentiality Order granted County / Region	KENT Country (NGLANI)
under section 723B of the Companies Act 1985 otherwise, give your usual Designated member (Please tick appropriate box)	YES NO I consent to act as a member of the above named limited liability partnership
residential address. In the case of a corporation, give the registered or principal office address. Consent signature	Another Member being a Designated Member must sign and date the form in the boxes below.
Signed	Designated Member Designated Member
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	Tel
searchers of the public record. ###################################	E-mail 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 April 2002	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2