

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)

Full Name of Limited Liability Partnership Date of Appointment *volunaty information of Appointment *volunaty information of Appointment Appointmen		or change of particulars (use Form LLP288c)
Tull Name of Limited Liability Partnership Date of Appointment *volunaty Member Reference Number* information *volunaty Member Reference Number* *volunaty Member Surrame or 12 12 10 1956 *VATSON *VATSON *VATSON **SANDRA KATHERINE **EASTON ON THE HILL **STAMFORD Postcode **Peers or others **Post Town **Price Address Post Town **Price Addre	LLP Number	OC302902
volunaty Member Reference Number information (As advised by Companies House) *Peers or others (As advised by Companies House) *Peers or others (As advised by Companies House) *Peers or others (As advised by Companies House) **Volunaty Member Reference Number* (As advised by Companies House) **Volunaty Member Reference Number* (As advised by Companies House) **Volunaty Member Reference Number* (As advised by Companies House) **Volunaty Member Reference Number* (As advised by Companies House) **Volunaty Member Reference Number* (As advised by Companies House) **Volunaty Member Reference Number* (Based of Designated Interest) **Volunaty Member Reference Number* (Based of Designated Member Notation In the box opposite but if your do, it will help Companies House of Contract Information in the box opposite but if you do, it will help Companies House of contact information in the box opposite but if you do, it will help Companies House of contact you lithers is a query on **ATSON** **VATSON** **VATSON** **SANDRA KATHERINE* **AU CHURCH STREET* **EASTON ON THE HILL **SANDRA KATHERINE* **AU CHURCH STREET* **EASTON ON THE HILL **SANDRA KATHERINE* **AU CHURCH STREET* **PEE 3 LL **PE9		TOWER NO4 LIMITED LIABILITY PARTNERSHIP
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Corporate name Usual residential address++ ++Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Confidentiality County/Region Designated member (Please tick appropriate Companies Act 1985 otherwise, give your usual residential address.) Consent signature Consent signature Consent signature Consent signature Consent to act as a member of the above named limited liability partnership Date 15.12.02. Another Member Director, For AND ON BEHALF OF HALCHON Count on on thave to give any contact information in the box opposite but if round on it will help Companies House o contact you if there is a query on Corporate name Forename(s) SANDRA KATHERINE 40 CHURCH STREET EASTON ON THE HILL STAMFORD OUNITED KINGDOM No Country UNITED KINGDOM No I consent to act as a member of the above named limited liability partnership I consent to act as a member of the above named limited liability partnership Date 15.12.02. Another Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country UNITED KINGDOM Designated Member Director, For AND ON BEHALF OF HALCHON Country In Indian Ind	*	1 12 10 1052
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EASTON ON THE HILL EASTON ON THE HILL STAMFORD Output Footcode Footcode	of or in addition to Forename(s)	SANDRA KATHERINE
STAMFORD STAMFO	++Tick this box	
Confidentiality Order granted Under section Opesignated member Companies Act 1985 otherwise, give your usual residential resid	service address Post Town or the	UNIAMPURD I PEGALI
723B of the (Please tick appropriate box) 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address. 723B of the (Please tick appropriate box) 1 consent to act as a member of the above named limited liability partnership 1 consent to act as a member of the above named limited liability partnership 1 5. 12.02. Another Member being a Designated Member must sign and date the form in the boxes below. 1 7 12.02. 1 7 12.02. To u do not have to give any contact information in the box opposite but if you do, it will help Companies House ocontact you if there is a query on CLB Chartered Accountants ALDWYCH FIOUSE	Confidentiality County/Region Order granted	LINCS Country UNITED KINGDOM
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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

For partnerships registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh For partnerships registered in Scotland