

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  | OC305632   |  |
|---|--|--|
| Full Name of Limited<br>Liability Partnership   | DEFENDER NO.1 PRODUCTION LIMITED LIABILITY PARTNERSHIP   |  |
| Date of appointment  * Voluntary Member Reference Number *  |  | Day Month Year                             |
| Peers or others  known by a title may use the title instead  Surname or Corporate name  | p. f. 1 (2 1, 1 , 5  | ments Limited                              |
| of or in addition to Forename(s) their name   |  |  |
| Usual residential address ***   | Hillgate House   |  |
| †† Tick this box if the address   | 26 Old Bailey  |  |
| shown is a service address Post town for the  | London   | de EC4M 7HW                                |
| beneficiary of a Confidentiality Order granted  County / Region   | London   | try UC                                     |
| under section   |  |  |
| 723B of the Designated member Companies Act 1985 otherwise, give your usual  Designated member (Please tick appropriate box)  |  |  |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or   | I consent to act as a member of the above name   | 9 9th Ochber 2003                          |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give  Designated member (Please tick appropriate box)  Consent signature   | I consent to act as a member of the above name o | 9 9th Ochber 2003                          |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office  Designated member (Please tick appropriate box)  Consent signature  | I consent to act as a member of the above named to  | and date the form in the boxes             |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address.  Signed  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 | I consent to act as a member of the above name o | and date the form in the boxes             |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address.  Consent signature  Consent signature  Signed  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                              | I consent to act as a member of the above name o | and date the form in the boxes             |
| 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address.  Signed  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 | I consent to act as a member of the above name o | and date the form in the boxes  a 10/10/03 |

Form April 2002

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