## LLP288a

(LLP Act 2000 Section 9)

or LP - 4 Edinburgh 2

Please complete in typescript, or in bold black capitals.
CHFP021

## Appointment of a Member to a Limited Liability Partnership

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

Full Name of Limited Liability Partnership  Date of appointment  * Voluntary Member Reference Number * Information (As advised by Companies House)  Peers or others known by a title may use the title instead of or in addition to their name  Usual residential address * RAWLINSON CLOSE  FASKEN MARTINEAU LLP  FASKEN MARTINEAU LLP  Day Month Year  2   0   1   0   2   0   0   8  Day Month Year  Date of birth   1   6   0   1   1   9   5  WILLIAM STANLEY  WILLIAM STANLEY  * Tick this box if the address to the standard	
Liability Partnership  Date of appointment  * Voluntary Information  * Voluntary Information  * As advised by Companies House)  Peers or others known by a title may use the title instead of or in addition to their name  Usual residential address **  * RAWLINSON CLOSE  ** Tick this box if  * Voluntary Member Reference Number *  2	
* Voluntary Member Reference Number * Information (As advised by Companies House)  Peers or others Known by a title may use the title instead of or in addition to their name  Usual residential address * RAWLINSON CLOSE  ** Tick this box if  Day Month Year  Date of birth 1 6 0 1 1 9 5  BECKETT  WILLIAM STANLEY	
known by a title may use the title instead of or in addition to their name  Usual residential address ** 8 RAWLINSON CLOSE  ** Tick this box if	<sup>9</sup>
<sup>††</sup> Tick this box if	
shown is a	
service address for the Post town CHADLINGTON DIA OX7 3LN	
beneficiary of a Confidentiality Order granted  County / Region OXON  Country UK	
under section 723B of the Designated member Companies Act (Please tick appropriate 1985 otherwise, box)  NO	
give your usual residential address In the case of a corporation, give the registered or principal office address  Consent signature  Consent signature  Consent signature  Another Member being a Designated Member must sign and date the form in the below	
Signed Madey Date 14.11.08	
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  Designated Member  FASKEN MARTINEAU LLP (REF RJL)  17 Hanover Square, London	
that you give will be visible to W1S 1HU Tel 020 7917 8500	$\dashv$
When you have completed and signed the form please send it to the Registrar of Companies at  *AF6PO4X9* A36 18/11/2008 138 COMPANIES HOUSE  COMPANIES HOUSE  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 Cafor partnerships registered in England and Wales or  Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland  DX 235 Edinburgh	