

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

or LP - 4 Edinburgh 2

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	OC309306
	Full Name of Limited Liability Partnership	Brass Hat Films Slate 2 Limited Liability Partnership
	Date of appointment mber Reference Number * advised by Companies House)	Day Month Year Day Month Year Day Month Year Date of birth 1 0 112 1949
Peers or others known by a title may		EYRES
use the title instea of or in addition to their name	Forename(s)	ROBELT JONSATHAN
Us	sual residential address ††	HAY BARD
†† Tick this box if the address shown is a		CHESHAM (OAN)
service address for the	Post town	ASULTY COLEN Postcode HP53PQ
beneficiary of a Confidentiality Order granted	County / Region	Buch's Country UL
under section		
723B of the Companies Act	Designated member (Please tick appropriate	YES NO
Companies Act 1985 otherwise, give your usual residential		I consent to act as a member of the above named limited liability partnership
Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give	(Please tick appropriate	I consent to act as a member of the above named limited liability partnership Date 2 0 JAN 2005
Companies Act 1985 otherwise, give your usual residential address. In the case of a	(Please tick appropriate box)	I consent to act as a member of the above named limited liability partnership
Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office	(Please tick appropriate box)	I consent to act as a member of the above named limited liability partnership Date 2 0 JAN 2005 Another Member being a Designated Member must sign and date the form in the boxes
Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation, give the registered or principal office address. You do not havinformation in the you do, it will he	(Please tick appropriate box) Consent signature Signed The to give any contact the box opposite but if the box opposite House	I consent to act as a member of the above named limited liability partnership Date 2 0 JAN 2005 Another Member being a Designated Member must sign and date the form in the boxes below. ALBANY NOMINEES LTD
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