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Please complete in typescript,

LLP288a

Appointment of a Member to a Limited Liability Partnership

or in bold black capitals.	MOT for to main of the property of the second in the second is the second in the secon
CHFP025	(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))
LLP Number	OC315002
Full Name of Limited Liability Partnership	TILLING GUPTOUT ING S EEL
	Day Month Year
Date of appointment of the composition of the compo	t 1 1 0 1 2 0 0 0 Day Month Year * Date of
Peers or others Surname of Corporate name	Iliahbhana Amital Imanaan Alamaa
use the title instead of or in addition to Forename(s their name	
Usual residential address t	2nd Floor, Buckingham Square, PO Box 69GT
ff Tick this box if the address shown is a	
service address for the Post towl peneficiary of a	n UK Postcode
Confidentiality County / Region Order granted ander section	n Grand Cayman Islands
723B of the Companies Act Designated membe 1985 otherwise, 19lve your usual esidential Designated membe (Please tick appropriated box	YES X NO
eddress. In the case of a	I consent to act as a member of the above named limited liability partnership
corporation, give the registered or Consent signature or principal office address.	Date 11 101 12001 :
	Another Member being a Designated Member must sign and date the form in the boxes below.
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	90 Fetter Lane, London, EC4A 1JP, 119 London Chancery
orm. The contact information that you give will be visible to searchers of the public record.	
	When you have completed and signed the form please send it to the Registrar of Companies at:

COMPANIES HOUSE

224 07/02/2006 Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

DX ED235 Edinburgh