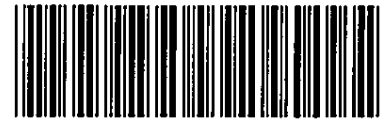


LL CH01

Change of details of a member of a Limited Liability Partnership (LLP)



THURSDAY



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03/12/2009

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COMPANIES HOUSE

refer to our guidance at
www.companieshouse.gov.uk

☒ **What this form is for**
You may use this form to change the
details of an individual person who
is a member.

☐ **What this form is NOT for**
You cannot use this form to change
the details of a corporate member.
To do this, use form LL CH02
'Change of details of a corporate
member of a Limited Liability
Partnership'.

1 LLP details

LLP number

LLP name in full

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 Member's current details on the Register ①

Date of birth *

Title *

Full forename(s)

Surname

① **Current details**
This information is used to identify
your details on the LLP record.
Providing a date of birth will help
us identify the correct person on
the public record. This is voluntary
information and if completed it will
be placed on the public record.

3 Date of change of details

Date of change of details

Please complete the appropriate sections to indicate which of your details
have changed.

4 Change of name details

Title *

Full forename(s) ②

Surname ②

② **New name**
Please enter your new name.

5 Change of service address ③

Building name/number

Street

Post town

County/Region

Postcode

Country

☒ I confirm that there has been no change in the LLP's register of members'
residential addresses.

③ **Service address**
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

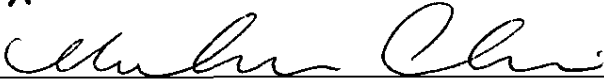
Please state 'The LLP's Registered
Office' if your service address is
recorded in the company's register
of members as the LLP's registered
office.

If you provide your residential
address here it will appear on the
public record.

Please complete Section 5a if
your usual residential address has
changed.

LL CH01

Change of details of a member of a Limited Liability Partnership (LLP)

6	Change of country/state of residence	
Change of country/ state of residence		
7	Change of status of member	
	I consent to act as a ① <input type="checkbox"/> designated member <input type="checkbox"/> member of the above named LLP.	① Change of status Please tick one box. ② Consent signature Please sign to indicate your consent to the change of status. Please only sign here if you are changing your status as a member.
Member's consent signature ②	Signature X	X
8	Authorising signature ③	
	This must be completed in all cases. I am signing this form on behalf of the LLP.	③ Authorising signature This must be signed in all cases.
Signature	Signature X  This form may be signed by: Designated member, Judicial factor.	X