

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	OC323563
		Full Name of Limited Liability Partnership	Natural Retreats Pension LLP
* Volunta	, IAIG	Date of appointment ember Reference Number *	Day Month Year O 1 0 8 2 0 0 7 Day Month Year Date of 2 8 7 1 9 7 7
Peers or known by	others	advised by Companies House) Surname or nay Corporate name	The Samuel Lyle Finlay SIPP + FINLAY
use the ti	title instea addition to	ad	SAMUEL FINAN LYKE.
	u	Isual residential address **	c/o AJ Bell SIPP
** Tick thi the address	55		Trafford House, Chester Road UK
service ac	ddress	Post town	Manchester Postcode M32 0RS
beneficiar Confident Order gras	tiality inted	County / Region	Country
under sec 723B of th Companie 1985 other	ne es Act	Designated member (Please tick appropriate box)	YES NO
give your residentia address	ıl	,	I consent to act as a member of the above named limited liability partnership
case of a corporation the registr		Consent signature	Another Member being a Designated Member must sign and date the form in the boxes
principal o address	office		below
v =		Signed	Designated Member
ेंद्र ५ ड JRSDAY			
표	A66	*AQQL7Z5M* 24/04/2008 187	Tel DX number DX exchange
ļ ļ		*AWRSGYX0* 16/04/2008 310 COMPANIES HOUSE	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 Cardiff for partnerships registered in England and Wales
Ξ	18	*AGFH0Y6Q* 20/03/2008 74 OMPANIES HOUSE	or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 235 Edinburgh