



Please complete in typescript,  
or in bold black capitals

CHFP025

# LLP288a

(LLP Act 2000 Section 9)

## 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

Full Name of Limited Liability Partnership

Date of appointment  
Day Month Year

\*Voluntary Member Reference Number \*  
Information (As advised by Companies House)

Date of Birth  
Day Month Year

Peers or others known by a title may use the title instead of or in addition to their name  
Surname or Corporate name  
Forename(s)

Usual residential address ☐

☐ Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address in the case of a corporation, give the registered or principal office address

Post town

UK Postcode

County / Region

Country

Designated member (Please tick appropriate box)  
☐ YES ☒ NO

I consent to act as a member of the above named limited liability partnership

Consent signature

Date

Another Member being a Designated Member must sign and date the form in the boxes below

Signed

Date

Designated Member

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 that you give will be visible to searchers of the public record

WEDNESDAY

A12 327  
\*AVHLB28S\*  
13/08/2008  
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 or  
**Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB**  
for partnerships registered in Scotland **DX ED235 Edinburgh**