in accordance with Section 9 of the Limited Liability Partnerships Act 2000

## LL CH01



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



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 the details of a corporate me To do this, use form LL CH02 'Change of details of a corpo member of a Limited Liability Partnership'



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1	LLP	deta	ils								
LLP number	0	O C 3 3 4 8 5 7					→ Filling in this form Please complete in typescript or in				
LLP name in full	Barnes Restore (UK) LLP						bold black capitals.				
									All fields are mandatory unless specified or indicated by *		
2	Member's current details on the Register •										
Date of birth *	d 1   d 4   m 1   m 1   y 1   y 9   y 5   y 7						<b>⊕</b> Current details  This information is used to identify				
Title *	Mr	Mr							your details on the LLP record Providing a date of birth will help		
Full forename(s)	Cliv	re				us identify the correct person on the public record. This is voluntary information and if completed it will be placed on the public record.					
Surname	Ber	nett									
3	Dat	e of	cha	ange	of	deta	ils				
Date of change	d 1	<sup>d</sup> 5		<sup>m</sup> o	<sup>m</sup> 2	-	У	2			
of details		se co e char			e app	ropr	ate s	ections to indicate which of your details			
4	Cha	nge	of	nam	e de	etail	S		<u> </u>		
Title *									New name Please enter your new name		
Full forename(s) 2		•							,		
Surname <b>9</b>											
5	Cha	nge	of:	serv	ice a	addı	ess	0			
Building name/number	The	LLP	's r	regis	tere	d of	fice		Service address This is the address that will appear		
Street									on the public record This does not have to be your usual residential address		
Post town									Please state 'The LLP's Registered		
County/Region									Office' if your service address is recorded in the company's register		
Postcode									of members as the LLP's registered office		
Country				ı that		If you provide your residential address here it will appear on the public record					
		residential addresses						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)

Change of country/state of residence		
Change of status of member		
consent to act as a		Please tick one box  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
Authorising signature <sup>©</sup>		
This must be completed in all cases	•	● Authorising signature This must be signed in all cases
I am signing this form on behalf of the LLP		
This form may be signed by Designated member, Judicial factor	<b>X</b>	
	Change of status of member    consent to act as a •     designated member   member of the above named LLP    Signature	Change of status of member    consent to act as a