form produced by:

## **PC** Share Registers

Please complete in typescript, or in bold black capitals.



(LLP Act 2000: Section 9)

rticulars of a Member

or a Linited Liability Partnership

granted under the provisions of section 723B of the Companies Act 1985  Country England  Another Member being a Designated Member must sign and date the form in the boxe (to be completed in all cases)  Signed  Designated Member  You do not have to give any contact information in	CHFP013			appoint a member inate membership ι	
Full Name of Limited Liability Partnership  Current member's name (complete in all cases)  Member Reference Number * (As advised by Companies House)  Date of change of particulars must be entered in all cases  The person named above is now a designated member / member (de appropriate) of the above named limited liability partnership.  Consent Signature (only sign if change of designation)  Consent Signature (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Change of name (only sign if change of designation)  Country (Pagion (only if the name of name (only if the address)  Country (Region (only if the name of name (only if the name of n	Sections A & D must b	e completed, Sect	ions B & C to be completed	as appropriate	
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Date of change of particulars must be entered in all cases  I			Day Month Voor	7	
Consent Signature (only sign if change of designation)  Change of name (enter new name) Peers or others known by a title may use the title instead of in addition to their name Change of address (enter new address)  ## Only tick this beneficiary of a Confidentiality Order granted under the provisions of section 723 Be of the Comparies Act 1985  Authorisation (to be completed in all cases)  Another Member being a Designated Member must sign and date the form in the boxe  Designated Member  Appropriate) of the above named limited liability partnership. I consent to act as a member of the above named limited liability partnership. I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent to act as a member of the above named limited liability partnership.  I consent should liabiliability partnership.  I consent should liability partnership.  I				9	
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and a series of the series of	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		Duncan & Toplis Chartered Accountants		
query on the form. The contact information that 3 Castlegate GRANTHAM Lincolnshire			3 Castlegate GRANTHAM Lincolnshire		
NG31 6SF Tel 01476 591200			NG31 6SF	Tel 01476 591200	
DX number 27011 DX exchange Grantham  When you have completed and signed the form please send it to the					

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\*AGYTDEJR\* 30/10/2009 COMPANIES HOUSE

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Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2