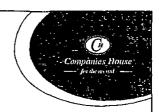
In accordance with Section 9 of the Limited Liability Partnerships Act 2000

LL APO1

Appointment of member of a Limited Liability Partnership (LLP)



What this form is for You may use this form to appoint an individual as a member of an LLP What this form is NOT
You cannot use the form
appoint a corporate mer
do this, please use form
'Appointment of a corpo
member of a Limited Lial
Partnership (LLP)'



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	raitileisilih (EEF)		
14	LLP details		
LLP number	O C 3 4 4 5 5 3	Filling in this form Please complete in typescript or in	
LLP name in full	Bidwells LLP	boid black capitals	
		All fields are mandatory unless specified or indicated by *	
2 第	Date of member's appointment		
Date of appointment	$\begin{bmatrix} d & 0 & \end{bmatrix} \begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} m & 0 & m & 5 \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 \end{bmatrix} \begin{bmatrix} y & 1 & y & 2 \end{bmatrix}$		
3	New member's details		
Title *	Мг	• Former name(s) Please provide any previous names	
Full forename(s)	Mark	which have been used for business purposes in the past 20 years Married women do not need to give former names unless previously used for business purposes.	
	Richard		
Surname	Buddle		
Former name(s) •		Continue in Section 6 if required	
Country/State of residence ©	England	OCountry/State of residence This is in respect of your usual	
Date of birth	41 47 70 7 71 79 77 73	residential address as stated in Section 4a	
Appointment type •	Are you being appointed as a designated member? Yes No	Appointment type Your designation must match the status of the LLP	
4	New member's service address [©]		
	Please complete the service address below You must also complete the member's usual residential address in Section 4a	O Service address This is the address that will appear on the public record This does not have to be your usual residential	
Building name/number	Bidwell House		
Street	Trumpington Road	address. Please state 'The LLP's Registered Office' if your service address is recorded in the LLP's register of members as the LLP's registered office If you provide your residential address here it will appear on the public record	
Post town	Cambridge		
County/Region	Cambridgeshire		
Postcode	C B 2 9 L D		
Country	England	,	

LL APO1
Appointment of member of a Limited Liability Partnership (LLP)

55	Signatures	
	I consent to act as member of the above named LLP.	
New member's signature	X X	
Authorising signature	X Patimoure X	
#Est	This form may be signed and authorised by Designated member, Judicial factor	<u> </u>
6	Additional former names (continued from Section 3)	
Former names .		Additional former names Use this space to enter any additional names.