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

LL AP01

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 You cannot use the for appoint a corporate me do this, please use for 'Appointment of a corporate member of a Limited Li Partnership (LLP)'



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	Partnership (LLP)		
1	LLP details		
LLP number	O C 3 5 0 5 1 8	→ Filling in this form Please complete in typescript or in bold black capitals.	
LLP name in full	Heartscape Diagnostics LLP		
		* All fields are mandatory unless specified or indicates by *	
2	Date of member's appointment		
Date of appointment	d 0 d 3 m 1 m 2 y 2 y 0 y 0 y 9		
3 .	New member's details		
Title *	Dr	O Former name(s) Please provide any previous names which have been used for business purposes in the past 20 years	
Full forename(s)	Mark		
		Married women do not need to give	
Surname	O'Neill	former names unless previously used for business purposes.	
Former name(s) •		Continue in Section 6 if required	
Country/State of residence ©	England	Country/State of residence This is in respect of your usual residential address as stated in Section 4a Appointment type	
Date of birth	^d 2 ^d 6 ^m 0 ^m 8 ^y 1 ^y 9 ^y 7 ^y 1		
Appointment type 9	Are you being appointed as a designated member?		
	Yes	Your designation must match the status of the LLP	
	No		
4	New member's service address ^o		
	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 address	
Building name/number	78		
Street	Harley Street	Please state 'The LLP's Registered	
		Office' if your service address is recorded in the LLP's register of	
Post town	LONDON	members as the LLP's registered	
County/Region		If you provide your residential address here it will appear on the	
Postcode	W 1 G 7 H J		
Country		Passaria	

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	× Mah jull ×	-
Authorising signature	Signature X	
	This form may be signed and authorised by Designated member, Judicial factor	
6	Additional former names (continued from Section 3)	
Former names •		Additional former names Use this space to enter any additional names

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Important information	
Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses	
☑ Where to send	
You may return this form to any Companies House address, however for expediency we advise you t return it to the appropriate address below	
For LLPs registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ	
DX 33050 Cardiff	
For LLPs registered in Scotland The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2,	
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post)	
or tr - 4 cumburgh 2 (cegar rost)	
For LLPs registered in Northern Ireland:	
The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1	
Section 243 exemption If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE	
<i>i</i> Further information	
For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk	
This form is available in an	
alternative format. Please visit the	
forms page on the website at	
www.companieshouse.gov.uk	