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

What this form is NOT for You cannot use the form to appoint a corporate member do this, please use form LI 'Appointment of a corporal member of a Limited Liabil Partnership (LLP)'



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LLP number	0	[3 5	(•	1	0	3					→ Filling in this form Please complete in typescript or in			
LLP name in full	The	e E	Bosto	an Co	nsu	ltıng		bold black capitals.									
														All fields are mandatory unless specified or indicated by *			
2	Dat	e	of n	neml	er's	s ар	po	intn	nent			_					
Date of appointment	^d 0	1	1	m) 	4		^y 2	٥٧	^y 1	_[^y 1					
3	Nev	V	men	nber	s de	etai	ls										
Title *		_									_	-		• Former name(s)			
Full forename(s)	Tob	у					_				_			Please provide any previous names which have been used for business purposes in the past 20 years.			
Surname	Ow	en	ıs											Married women do not need to give former names unless previously used for business purposes			
Former name(s) •											Continue in Section 6 if required						
Country/State of residence •	\J(Country/State of residence This is in respect of your usual						
Date of birth	d ₂	dz	1	E)) "	9		^y 1	⁷ 9	^y 7		yo o		residential address as stated in Section 4a			
Appointment type	Are	yo	u be	ıng ap	point	ted a	ıs a	desig	nate	d me	ml	ber?		• Appointment type Your designation must match the status of the LLP			
			es														
		N	0														
4	Nev	V	men	nber	s se	rvi	ce	add	ress	0			. .				
	Please complete the service address below You must also complete the member's usual residential address in Section 4a								This is the address that will appear on the public record This does not								
Building name/numbe	r 20													have to be your usual residential			
Street	Mar	nc	hest	er So	uare	. —								address 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	W 1 U 3 P Z									office If you provide your residential							
Postcode										address here it will appear on the							
Country	Unit	tec	l Kır	ngdon	1							<u></u> -		public record			

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5	Signatures		
	I consent to act as member of the above named LLP		
New member's signature	Signature X 1000 20/4/2011	X	
Authorising signature	This form may be signed and authorised by Designated member, Judicial fact	X	
6	Additional former names (continued from Section 3)		
Former names •			Additional former names Use this space to enter any additional names.