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 LL! 'Appointment of a corporate member of a Limited Liabilit Partnership (LLP)'



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1	LLP details		
LLP number	O C 3 5 9 1 0 3	Please complete in typescript or in bold black capitals.	
LLP name in full	The Boston Consulting Group UK LLP		
		All fields are mandatory unless specified or indicated by *	
2	Date of member's appointment		
Date of appointment	$\begin{bmatrix} d & 0 & 0 & 1 & 0 & 0 & 0 & 0 & 0 \end{bmatrix} \begin{bmatrix} m & 0 & 0 & m & 0 & 0 & 0 & 0 & 0 & 0 &$		
3	New member's details		
Title *		• Former name(s)	
Full forename(s)	Stuart	Please provide any previous names which have been used for business purposes in the past 20 years.  Married women do not need to give former names unless previously used	
Surname	Quickenden		
Former name(s) •		for business purposes.	
Country/State of	Ne .	Continue in Section 6 if required  Country/State of residence	
residence 2		This is in respect of your usual residential address as stated in Section 4a	
Date of birth	<sup>d</sup> 1 d <sub>5</sub> m <sub>0</sub> m <sub>7</sub> y <sub>1</sub> y <sub>9</sub> y <sub>7</sub> y <sub>2</sub>		
Appointment type	Are you being appointed as a designated member?  • Appointment type	Appointment type	
	Yes	Your designation must match the status of the LLP	
	☑ No		
4	New member's service address <sup>©</sup>		
	Please complete the service address below You must also complete the member's usual residential address in Section 4a	This is the address This is the address that will appear on the public record This does not have to be your usual residential 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	
Building name/number	20		
Street	Manchester Square		
Post town	London		
County/Region		If you provide your residential	
Postcode	W   1   U     3   P   Z	address here it will appear on the	
Country	United Kingdom	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	
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