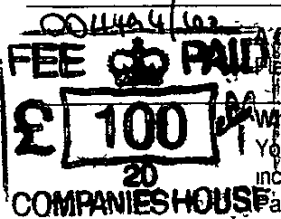


LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)



Fee is payable with this form
Please see 'How to pay' on the last page

What this form is for
You may use this form to
incorporate a Limited Liability
Partnership

What this form is NOT for
You cannot use this form to
incorporate a company. To do this,
please use form IN01 'Application to
register a company'

TUESDAY



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LD1 28/02/2012
COMPANIES HOUSE

#42

Part 1 LLP details

Filling in this form
Please complete in typescript or in
bold black capitals

All fields are mandatory unless
specified or indicated by *

A1 LLP details

Please show the proposed LLP name below

LLP name in full ¹ KAT CAN

Name ending ² LLP/Limited Liability Partnership

For official use 0 2 3 7 2 9 0 9

1 Duplicate names
Duplicate names are not permitted

2 Name ending
You must delete either LLP or Limited
Liability Partnership
If the LLP is situated in Wales and you
chose to have a Welsh ending (PAC or
Partnernaeth Atebolwydd Cyfyngedig),
please use form LL IN01c

A2 LLP name restrictions ³

Please tick the box only if the proposed LLP name contains sensitive or restricted
words or expressions that require you to seek comments of a government
department or other specified body

☐ I confirm that the proposed company name contains sensitive or restricted
words or expressions and that approval, where appropriate, has been
sought of a government department or other specified body and I attach a
copy of their response

3 LLP name restrictions
A list of sensitive or restricted words
or expressions that require consent
can be found in guidance available
on our website
www.companieshouse.gov.uk

A3 Situation of registered office ⁴

Please tick the appropriate box below that describes the situation of the
proposed registered office (only one box must be ticked)

- ☒ England and Wales
☐ Wales
☐ Scotland
☐ Northern Ireland

4 Registered office

Every LLP must have a registered
office and this is the address to
which the Registrar will send
correspondence

For England and Wales LLPs, the
address must be in England or Wales

For Welsh, Scottish or Northern
Ireland LLPs, the address must be in
Wales, Scotland or Northern Ireland
respectively

LLIN01

Application for the incorporation of a Limited Liability Partnership (LLP)

A4

Registered office address ¹

| | | | | | | | |
|----------------------|---|---|---|--|---|---|---|
| | Please give the registered office address of your LLP | | | | | | |
| Building name/number | 17 | | | | | | |
| Street | Cavendish Square | | | | | | |
| Post town | London | | | | | | |
| County/Region | | | | | | | |
| Postcode | W | 1 | G | | O | P | H |

¹ Registered office address

You must ensure that the address shown in this section is consistent with the situation indicated in section A3

You must provide an address in England and Wales for LLPs to be registered in England and Wales

You must provide an address in Wales, Scotland or Northern Ireland for LLPs to be registered in Wales, Scotland or Northern Ireland respectively

A5

Members' designation

Will all members from time to time be designated members? ²

- ☒ Yes
☐ No

² Members' designation

If 'Yes' all members named will be designated. If 'No' at least two members named must be designated

LLIN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 2 Proposed officers

- For a member who is an individual, go to Section B1
- For a corporate member, go to Section C1

There must be two designated members at all times Unless there are at least two designated members all members will be designated.

Member**B1****Member appointments ¹**

Please use this section to list all the member appointments taken on formation
For a corporate member complete C1-C5

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Title* | Mr | | | | | | | | | | | | | | | | |
| Full forename(s) | Richard Terrell | | | | | | | | | | | | | | | | |
| Surname | Langstaff | | | | | | | | | | | | | | | | |
| Former name(s) ² | | | | | | | | | | | | | | | | | |
| Country/State of residence ³ | United Kingdom | | | | | | | | | | | | | | | | |
| Date of birth | <table border="1"><tr><td>d</td><td>0</td><td>d</td><td>1</td><td>m</td><td>0</td><td>m</td><td>2</td><td>y</td><td>1</td><td>y</td><td>9</td><td>y</td><td>5</td><td>y</td><td>8</td></tr></table> | d | 0 | d | 1 | m | 0 | m | 2 | y | 1 | y | 9 | y | 5 | y | 8 |
| d | 0 | d | 1 | m | 0 | m | 2 | y | 1 | y | 9 | y | 5 | y | 8 | | |
| Designated member ⁴ | <p>Please tick this box if you are consenting to act as a designated member</p> <p><input checked="" type="checkbox"/></p> | | | | | | | | | | | | | | | | |

1 Appointments

For corporate member appointments, please complete Section C1-C5 instead of Section B

2 Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years
Mamed women do not need to give former names unless previously used for business purposes

3 Country/State of residence

This is in respect of your usual residential address as stated in Section B4

4 Designated member

There must be at least two designated members at all times

Additional appointments

If you wish to appoint more members, please use the 'Member appointments' continuation page

B2**Member's service address ⁵**

Please complete the service address below You must also fill in the member's usual residential address in Section B4

| | | | | | | | | | |
|----------------------|---|--|--|--|--|--|--|--|--|
| Building name/number | The LLP's Registered Office | | | | | | | | |
| Street | | | | | | | | | |
| Post town | | | | | | | | | |
| County/Region | | | | | | | | | |
| Postcode | <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | |
| | | | | | | | | | |
| Country | | | | | | | | | |

5 Service address

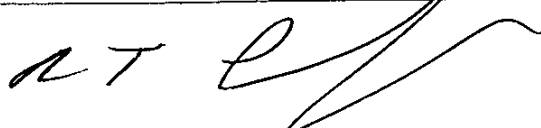
This is the address that will appear on the public record This does not have to be your usual residential address

Please state 'The LLP's Registered Office' if your service address will be recorded in the LLP's register of members' particulars as the LLP's registered office

If you provide your residential address here it will appear on the public record

B3**Signature ⁶**

I consent to act as member of the proposed LLP named in Section A1.

| | |
|-----------|---|
| Signature | <p>Signature</p> <p>X  X</p> |
|-----------|---|

6 Signature

The person named above consents to act as member of the proposed LLP

LL IN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Member

B1

Member appointments ¹

Please use this section to list all the member appointments taken on formation
For a corporate member complete C1-C5

| | |
|---|---|
| Title* | Ms |
| Full forename(s) | Virginia |
| Surname | Bond |
| Former name(s) ² | |
| Country/State of residence ³ | United Kingdom |
| Date of birth | ^d 1 ^d 1 ^m 0 ^m 8 ^y 1 ^y 9 ^y 5 ^y 5 |
| Designated member ⁴ | Please tick this box if you are consenting to act as a designated member <input checked="" type="checkbox"/> |

¹ Appointments

For corporate member appointments, please complete Section C1-C5 instead of Section B

² Former name(s)

Please provide any previous names which have been used for business purposes in the last 20 years
Married women do not need to give former names unless previously used for business purposes

³ Country/State of residence

This is in respect of your usual residential address as stated in Section B4

⁴ Designated member

There must be at least two designated members at all times

Additional appointments

If you wish to appoint more members, please use the 'Member appointments' continuation page

B2

Member's service address ⁵

Please complete the service address below. You must also fill in the member's usual residential address in Section B4

| | |
|----------------------|-----------------------------|
| Building name/number | The LLP's Registered Office |
| Street | |
| Post town | |
| County/Region | |
| Postcode | |
| Country | |

⁵ Service 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 will be recorded in the LLP's register of members' particulars as the LLP's registered office

If you provide your residential address here it will appear on the public record

B3

Signature ⁶

I consent to act as member of the proposed LLP named in Section A1

| | |
|-----------|---|
| Signature | <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">X</div> <div style="text-align: center;"> <i>Virginia Bond</i> </div> <div style="margin-left: 10px;">X</div> </div> |
|-----------|---|

⁶ Signature

The person named above consents to act as member of the proposed LLP

LLIN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Corporate member

| | | |
|--|--|---|
| C1 | Corporate member appointments ¹ | |
| | Please use this section to list all the corporate members of the LLP | |
| Name of corporate body or firm | | 1 Registered or principal address This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX number or LP (Legal Post in Scotland) number. 2 Designated member There must be at least two designated members at all times. Additional appointments If you wish to appoint more than one corporate member, please use the 'Corporate member appointments' continuation page. |
| Building name/number | | |
| Street | | |
| Post town | | |
| County/Region | | |
| Postcode | | |
| Country | | |
| Designated member ² | Please tick this box if you are consenting to act as a designated member <input type="checkbox"/> | |
| C2 | Location of the registry of the corporate body or firm | |
| | Is the corporate director registered within the European Economic Area (EEA)? ▶ Yes Complete Section C3 only ▶ No Complete Section C4 only | |
| C3 | EEA companies ³ | |
| | Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register | 3 EEA A full list of countries of the EEA can be found in our guidance www.companieshouse.gov.uk 4 This is the register mentioned in Article 3 of the First Company Law Directive (68/151/EEC) |
| Where the company/firm is registered ⁴ | | |
| Registration number | | |
| C4 | Non-EEA companies | |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register | 5 Non-EEA Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register. |
| Legal form of the corporate body or firm | | |
| Governing law | | |
| If applicable, where the company/firm is registered ⁵ | | |
| If applicable, the registration number | | |
| C5 | Signature ⁶ | |
| | I consent to act as member of the proposed LLP named in Section A1 | 6 Signature The person named above consents to act as corporate member of the proposed LLP |
| Signature | Signature X | |

LLIN01

Application for the incorporation of a Limited Liability Partnership (LLP)

Part 3

Signature

I certify that I am a

- Solicitor engaged in the formation of this LLP
- ~~Member named of this LLP~~

and that two or more persons named in this form are associated for carrying on lawful business with a view to profit

I am signing this form on behalf of the LLP

Signature

Signature


X





X


LL IN01


Application for the incorporation of a Limited Liability Partnership (LLP)


| | |
|--|------------------------------|
|  | Presenter information |
| You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. | |
| Contact name | Noura Abdul-Cader |
| Company name | Jones Day |
| | |
| Address | 21 Tudor Street |
| London | |
| | |
| Post town | |
| County/Region | |
| Postcode | EC4Y 0DJ |
| Country | |
| DX | DX 67 London/Chancery |
| Telephone | 020 7039 5959 |

| | |
|--|--------------------|
|  | Certificate |
| We will send your certificate to the presenters address (shown above) or if indicated to another address shown below | |
| <input type="checkbox"/> At the registered office address (Given in Section A4) | |

| | |
|--|------------------|
|  | Checklist |
| We may return forms completed incorrectly or with information missing | |
| Please make sure you have remembered the following | |
| <input type="checkbox"/> You have checked that the proposed LLP name is available and the various rules that may affect your choice of name. More information can be found in guidance on our website | |
| <input type="checkbox"/> If the name of the company is the same as one already on the register as permitted by The Company and Business Names (Miscellaneous Provisions) Regulations 2008, please attach consent | |
| <input type="checkbox"/> You have used the correct appointment section | |
| <input type="checkbox"/> Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number | |
| <input type="checkbox"/> There are at least two designated members | |
| <input type="checkbox"/> The document has been signed, where indicated | |
| <input type="checkbox"/> You have enclosed the correct fee | |
| <input type="checkbox"/> All relevant attachments have been included | |

| | |
|--|------------------------------|
|  | Important information |
| Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses | |


| | |
|--|-------------------|
|  | How to pay |
| A fee is payable on this form. Make cheques or postal orders payable to 'Companies House'. For information on fees, go to www.companieshouse.gov.uk | |

| | |
|---|----------------------|
|  | Where to send |
| You may return this form to any Companies House address, however for expediency we advise you to 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) | |
|--|--|

| | |
|---|--|
| 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 | |
|---|--|

| | |
|---|----------------------------|
|  | 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 | |
|---|--|



FILE COPY

**CERTIFICATE OF INCORPORATION
OF A
LIMITED LIABILITY PARTNERSHIP**

Partnership No. OC372909

The Registrar of Companies for England and Wales hereby certifies that

KAICAN LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited and the situation of the registered office is in England/Wales.

Given at Companies House on 28th February 2012.



Companies House
— for the record —



THE OFFICIAL SEAL OF THE
REGISTRAR OF COMPANIES