



LL AP02

Appointment of corporate member
of a Limited Liability Partnership (LLP)

Companies House

Go online to file this information
www.gov.uk/companieshouse

✓ **What this form is for**
You may use this form to appoint a corporate body or firm as member of an LLP.

✗ **What this form is not for**
You cannot use this form to appoint an individual as a member. To do this, use form LL AP01 'Appointment of individual as a Limited Liability Partnership member'.

WEDNESDAY



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28/04/2021

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COMPANIES HOUSE

e
e**1 LLP details**

LLP number O C 4 2 9 5 9 5

LLP name in full NORTH WALES ORTHOPAEDICS AND HEALTH LLP

→ **Filling in this form**
Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

2 Date of corporate member's appointment

Date of appointment 0 5 0 4 2 0 2 1

3 Corporate member's details

Corporate body/firm name IKH HEALTHCARE LTD

Building name/number UNIT 9

Street GEMINI BUSINESS PARK
SHEEPSCAR WAY

Post Town LEEDS

County/Region WEST YORKSHIRE

Postcode L S 7 3 J B

Country ENGLAND

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), or DX number.

4 Corporate member's appointment type

Appointment type ① Are you being appointed as a designated member?

✓ Yes

☐ No

Is the corporate member a limited company registered in the UK?

→ Yes Complete Section 5

→ No Complete Section 6

① Appointment type
Your designation must match the status of the LLP.

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5**UK-registered limited companies ^①**

Please give the company registration number.

Registration number

1 3 2 0 2 6 1 4

^① You can find the registration number on our website:
<https://beta.companieshouse.gov.uk>

6**Other corporate bodies & firms**

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

Legal form of the corporate body or firm

Governing law

If applicable, where the company/firm is registered ^②

If applicable, the registration number

^② 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

7**Consent to act as corporate member**

Please tick the box to confirm consent.

☒ The LLP confirms that the corporate body named in section 3 has consented to act as a corporate member of the LLP named in section 1.

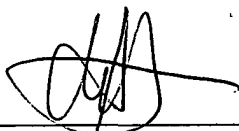
8**Signature**

I am signing this on behalf of the LLP.

Signature

Signature

X



X

This form must be signed and authorised by:
Designated member or authorised factor.



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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	SALLY BARR									
Company name	TRUST HEALTH LTD									
Address	PARK HOUSE									
	NORTH STREET									
Post town	HORSHAM									
County/Region	WEST SUSSEX									
Postcode	R	H	1	2		1	R	N		
Country										
DX										
Telephone	01403 241484									



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The LLP name and number match the information held on the public record.
- ☐ You have completed the date of appointment.
- ☐ You have entered the new corporate member's address.
- ☐ The address must be a physical location. It cannot be a PO Box number (unless part of a full address), or DX.
- ☐ You have completed either section 5 or section 6.
- ☐ You have ticked the consent to act statement on section 7.
- ☐ An authorising signature has been given by a designated member.



Important information

Please note that all information on this form will appear on the public record.



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.

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.



Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse