

DON'T  
STAPLE**LL AP02**Appointment of corporate member  
of a Limited Liability Partnership (LLP)

Companies House

Go online to file this information  
[www.gov.uk/companieshouse](http://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 if you are appointing an individual member. To do this, use form LL AP01 'Appointment of member of a Limited Liability Partnership'.

THURSDAY



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22/02/2024

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COMPANIES HOUSE

**1 LLP details**LLP number 

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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 

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**3 Corporate member's details**

Corporate body/firm name SHIVAM CLINICAL LIMITED

Building name/number 3

Street GROVE ROAD

Post Town WREXHAM

County/Region

Postcode 

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Country

**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.

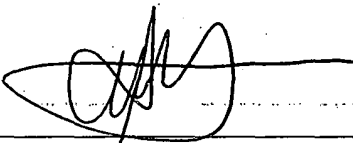
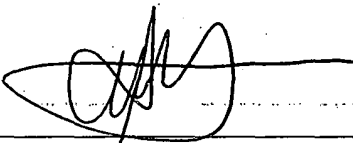
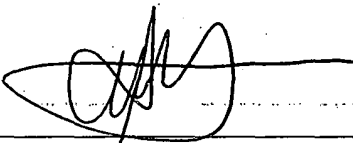
## LL AP02

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

<b>5</b>	<b>UK-registered limited companies <sup>①</sup></b>									
	Please give the company registration number.	<b>①</b> You can find the registration number on our website: <a href="https://beta.companieshouse.gov.uk">https://beta.companieshouse.gov.uk</a>								
Registration number	<table border="1"><tr><td>1</td><td>1</td><td>8</td><td>9</td><td>4</td><td>6</td><td>3</td><td>3</td></tr></table>	1	1	8	9	4	6	3	3	
1	1	8	9	4	6	3	3			

<b>6</b>	<b>Other corporate bodies &amp; firms</b>	
	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	<b>②</b> 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 <sup>②</sup>		
If applicable, the registration number		

<b>7</b>	<b>Consent to act as corporate member</b>	
	Please tick the box to confirm consent.	
	<input checked="" type="checkbox"/> 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.	

<b>8</b>	<b>Signature</b>				
	I am signing this on behalf of the LLP.				
Signature	<table border="1"><tr><td>Signature</td><td></td><td>X</td></tr></table>	Signature		X	
Signature		X			
	This form must be signed and authorised by: Designated member, Judicial factor.				

## LL AP02

### Appointment of corporate member 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

Company name

TRUST HEALTH LTD

Address

PARK HOUSE

NORTH STREET

Post town

HORSHAM

County/Region

WEST SUSSEX

Postcode

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R

N

Country

UK

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](http://www.gov.uk/companieshouse) or email [enquiries@companieshouse.gov.uk](mailto: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](http://www.gov.uk/companieshouse)