

LLP2

(Section 2 LLP Act 2000)

DX 33050 Cardiff

DX ED235 Edinburgh

Please complete in typescript, or in bold black capitals.

CHFP021

Application for Incorporation of a Limited
Liability Partnership

CHFP021				
Please leave this box blank	50300P	A		
Full Name of Limited	BELL & SCOTT LLP			
Liability Partnership				
Situation of Registered Office	SCOTLAND			
	Insert "England and Wales", "Wales" o	r "Scotland	<i>n</i>	
PO Box number only is not Registered Office Address	16 HILL STREET			
acceptable			·	
Post town	EDINBURGH			
County / Region	MIDLOTHIAN	UK Postcode	EH2 3LD	
Will all Members from time to time be designated members? (List members overleaf)	X YES	No	If no, at least two of the listed members must be designated members	
Number of continuation sheets attached to this application for incorporation	H	box)		
	Solicitor engaged in the formation Member named overleaf of the		LLP	
	And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit.			
Signed	ar Whichig	Date	12/02/03	
Please give the name, address, telephone number and e-mail address	MARK MICHIE - 16 HILL ST			
(if available) of the person Companies House should contact if	EDINBURGH EHQ 3LD			
there is any query. (DX addresses are acceptable for this purpose if you have cone).	Tel 0/31 226 6703			
moj.	E-mail M. Michielb			
	When you have completed and signed Registrar of Companies at:	the form ple	ease send it to the	

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COMPANIES HOUSE

SA372IFB

0202

13/02/03

for partnerships registered in Scotland

Companies House, Crown Way, Cardiff, CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in England and Wales

List of Mem	bers on Inco	orporation				
Peers or othe known by a t	- Cultimating C		CALDER			
use the title instead of or in addition to their name		Forename(s)	SUSAN JANE			
		eference Number * lvised by Companies House)		Date of Birth 2		ear 6 1
* Voluntary information	(or regis a	esidential Address stered or principal office ddress in the case of a tration or Scottish firm	7 MAYVILLE GARDENS			
		Post town	EDINBURGH			
		County / Region	MIDLOTHIAN	UK Postcod	e EH5 3DB	
		Country	SCOTLAND		- <u> </u>	
		I consent to act as a member of the limited liability partnership named or page 1				
			(Please tick this box if consenting to	to act as a designa	ted member)	<u> </u>
		Signed	8 heuds	Date	11/2/2003	
			(Member to sign and date)			
Corporate na		Surname or Corporate name	DOCHERTY			
known by a title may use the title instead of or in addition to their name	instead	Forename(s)	s) CAROLINE			
		eference Number * dvised by Companies House)			Day Month Ye	ear 0
* Voluntary information	(or regi: a	lesidential Address stered or principal office address in the case of a pration or Scottish firm	21 BEECHMOUNT PARK			
		Post town	EDINBURGH			
County / Region Country		County / Region	MIDLOTHIAN	UK Postcod	EH12 5YT	- -
		Country	SCOTLAND		<u> </u>	
			I consent to act as a member of page 1	of the limited liab	oility partnership nan	ned on
		((Please tick this box if consenting to	act as a designate	ed member)	
		Signed	lorolieloch	Date	11/2/03	
		((Member to sign and date)			

NOTE: Unless there are at least two designated members, all members will be designated members.

LLP2 cont

Full Name of Limited		BELL & SCOTT LLP		
	Liability Partnership			
List of Men	nbers on Incorporation			
Peers or oth known by a		GUEST		
use the title inst of or in addition their name		SIMON EDWARD GRAHAM		
	Member Reference Number * (as advised by Companies House)	Date of Day Month Year Birth 2 2 0 4 1 9 4		
*Voluntary information	Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm	40 HOPE TERRACE		
	Post town	EDINBURGH		
	County / Region	MIDLOTHIAN	UK Postcode EH9 2AR	
	Country	SCOTLAND		
Signed		I consent to act as a member of the limited liability partnership named or page 1		
		(Please tiek this box if consenting to act as (Member to sign and date)	Date 11/02/03	
Peers or others				
known by a use the title of or in addit	instead ion to Forename(s)	HEGGIE COLIN ALEXANDER		
their name			Day Month Year	
	Member Reference Number * (as advised by Companies House)		ate of Birth 1 3 0 4 1 9 5 2	
* Voluntary information	Usual Residential Address (or registered or principal office	28 DUBLIN STREET		
	address in the case of a corporation or Scottish firm			
	Post town	EDINBURGH		
	County / Region	MIDLOTHIAN	UK Postcode EH3 6NN	
Country		SCOTLAND		
		I consent to act as a member of the limited liability partnership named on page 1		
		(Please tick this box if consenting to act as	s a designated member)	
	Signed	loh. A Hogie	Date 11/02/03	

(Member to sign and date)

List of Members on Incorporation Peers or others Surname or **JENNINGS** known by a title may Corporate name use the title instead Forename(s) PAUL KNIGHT of or in addition to their name Member Reference Number * Day Month Year Date of (as advised by Companies Birth House) 2 61 Usual Residential Address * Voluntary 22 NEWBATTLE GARDENS, ESKBANK information (or registered or principal office address in the case of a corporation or Scottish firm Post town EDINBURGH County / Region UK MIDLOTHIAN EH22 3DR Postcode Country SCOTLAND I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) Signed Date (Member to sign and date) Surname or MacDONALD Peers or others Corporate name known by a title may use the title instead ROBERT IAIN Forename(s) of or in addition to their name Day Month Year Member Reference Number * Date of (as advised by Companies Birth 2 0 5 1 House) * Voluntary Usual Residential Address 10 LENNOX STREET (or registered or principal office address in the case of a corporation or Scottish firm

information

Post town

County / Region

Country

EDINBURGH

MIDLOTHIAN

SCOTLAND

UK Postcode

EH4 1QA

I consent to act as a member of the limited liability partnership named on page 1

(Please tick this box if consenting to act as a designated member)

Signed

(Member to sigh and date)

03 Date // 02

rier of Mel	nbers on mco	rporation		
Peers or oth known by a	title may	Surname or Corporate name	MALONE	
use the title instead of or in addition to their name		Forename(s)	BRANDON JAMES	
		ference Number * vised by Companies House)		Date of Day Month Year Birth 0 4 1 1 1 9 7 0
information (or regi		esidential Address lered or principal office ldress in the case of a lation or Scottish firm	45 NAMUR ROAD	
		Post town	PENICUIK	
		County / Region	MIDLOTHIAN	UK Postcode EH26 0LJ
		Country	SCOTLAND	
			I consent to act as a member of page 1 (Please tick this box if consenting to a	the limited liability partnership named or
		Signed ((Member to sign and date)	_ Date ///02/03
Peers or others Surname		Surname or Corporate name	REILLY	
known by a title may use the title instead of or in addition to their name	instead	Forename(s)	PAUL FRANCIS	
* \fabous		ference Number * vised by Companies House)		Date of Day Month Year Birth 0 2 0 4 1 9 5 2
(or register addr		esidential Address tered or principal office Idress in the case of a ration or Scottish firm	22 CRAMOND ROAD SOUTH	
		Post town	EDINBURGH	
County / Region Country		County / Region	MIDLOTHIAN	UK Postcode EH4 6AA
		Country	SCOTLAND	
			I consent to act as a member of the page 1	ne limited liability partnership named on
		((Please tick this box if consenting to ac	t as a designated member)
		Signed	Poue F. (e.() (Member to sign and date)	Q Date 11/02/03
		· ·	(monthor to orgin und duto)	

NOTE: Unless there are at least two designated members, all members will be designated members.

List of Members on Incorporation Peers or others Surname or SHARP Corporate name known by a title may use the title instead Forename(s) ROBERT ALAN of or in addition to their name Member Reference Number * Month Year Day Date of (as advised by Companies Birth House) 1 1 0 6 6 5 Usual Residential Address * Voluntary 17 LOCKHARTON AVENUE (or registered or principal office information address in the case of a corporation or Scottish firm Post town EDINBURGH UK County / Region MIDLOTHIAN EH14 1AY Postcode Country SCOTLAND I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) Signed 11/2/03 **Date** (Member to sign and date) Surname or Peers or others Corporate name known by a title may use the title instead Forename(s) of or in addition to their name Day Month Year Member Reference Number * Date of (as advised by Companies Birth House) * Voluntary Usual Residential Address information (or registered or principal office address in the case of a corporation or Scottish firm Post town UK County / Region Postcode Country I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member) Signed Date

(Member to sign and date)

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. SO300197

The Registrar of Companies for Scotland hereby certifies that

BELL & SCOTT LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Edinburgh the 13 February 2003



