

LL CH01

Change of details of a member of a Limited Liability Partnership (LLP)



☒ **What this form is for**
You may use this form to change the
details of an individual person who
is a member

☐ **What this form is NOT for**
You cannot use this form to c
the details of a corporate me
To do this, use form LL CH02
'Change of details of a corp
member of a Limited Liabilit
Partnership'

THURSDAY



A08

11/02/2010

COMPANIES HOUSE

224

1 LLP details

LLP number

LLP name in full

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

All fields are mandatory unless
specified or indicated by *

2 Member's current details on the Register ①

Date of birth *

Title *

Full forename(s)

Surname

① Current details

This information is used to identify
your details on the LLP record
Providing a date of birth will help
us identify the correct person on
the public record. This is voluntary
information and if completed it will
be placed on the public record

3 Date of change of details

Date of change of details

Please complete the appropriate sections to indicate which of your details
have changed

4 Change of name details

Title *

Full forename(s) ②

Surname ②

② New name

Please enter your new name

5 Change of service address ③

Building name/number

Street

Post town

County/Region

Postcode

Country

③ 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 is
recorded in the company's register
of members as the LLP's registered
office

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

Please complete Section 5a if
your usual residential address has
changed

☒ I confirm that there has been no change in the LLP's register of members'
residential addresses

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| | | |
|--|---|--|
| 6 | Change of country/state of residence | |
| Change of country/ state of residence | | |
| 7 | Change of status of member | |
| | I consent to act as a 1 <input type="checkbox"/> designated member <input type="checkbox"/> member of the above named LLP | 1 Change of status Please tick one box 2 Consent signature Please sign to indicate your consent to the change of status Please only sign here if you are changing your status as a member |
| Member's consent signature 2 | Signature X | X |
| 8 | Authorising signature 3 | |
| | This must be completed in all cases I am signing this form on behalf of the LLP | 3 Authorising signature This must be signed in all cases |
| Signature | Signature X Jon Lane S | X |
| | This form may be signed by Designated member, Judicial 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 Jane BIRCH

Company name Prism Medical Cover LLP

Address Regent House

Princes Court

Beam Heath Way

Post town Nantwich

County/Region Cheshire

Postcode C W 5 6 P Q

Country UK

DX

Telephone 01270621724



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 Register
- ☐ You have completed in Section 3 the date of change of details
- ☐ If you have changed the service address, you have ticked the no change box in Section 5 to indicate no change in your usual residential address or provided your new usual residential address in Section 5a
- ☐ Any new address 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
- ☐ You have entered the relevant change of details
- ☐ You have signed your consent if you have changed your membership status in Section 7
- ☐ A designated member has signed the form in Section 8



Important information

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



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,
First Floor, Waterfront Plaza, 8 Laganbank Road,
Belfast, Northern Ireland, BT1 3BS
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