in accordance with Section 9 of the Limited Liability Partnerships Act 2000

LL AP01

Appointment of member of a Limited Liability Partnership (LLP)



What this form is for You may use this form to appoint an individual as a member of an LLP

What this form is NOT for You cannot use the form to appoint a corporate member T do this, please use form LL AP 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'



26/07/2011 **COMPANIES HOUSE**

1	LLP details	301111111111111111111111111111111111111
LLP number	O C 3 5 9 1 0 3	→ Filling in this form Please complete in typescript or in
LLP name in full	The Boston Consulting Group UK LLP	bold black capitals All fields are mandatory unless specified or indicated by *
2	Date of member's appointment	
Date of appointment	$\begin{bmatrix} d & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 &$	
3	New member's details	
Title *		Former name(s) Please provide any previous names
Full forename(s)	Oliver	which have been used for business purposes in the past 20 years.
		Married women do not need to give
Surname	Graham	former names unless previously used for business purposes
Former name(s) •		Continue in Section 6 if required
Country/State of residence •	UK	Country/State of residence This is in respect of your usual
Date of birth	$\begin{bmatrix} d & d & d & d \end{bmatrix}$ $\begin{bmatrix} d & d $	residential address as stated in Section 4a Appointment type Your designation must match the status of the LLP
Appointment type ©	Are you being appointed as a designated member?	
	☑ No	
4	New member's service address @	
	Please complete the service address below You must also complete the member's usual residential address in Section 4a	Service address This is the address that will appear on the public record This does not
Building name/number	20	have to be your usual residential address
Street	Manchester Square	—— Please state 'The LLP's Registered
		Office' if your service address is recorded in the LLP's register of
Post town	London	members as the LLP's registered office
County/Region		If you provide your residential
Postcode 	W 1 U 3 P Z	address here it will appear on the public record
Country	United Kingdom	

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5	Signatures	
	I consent to act as member of the above named LLP	
New member's signature	Signature X	
Authorising signature	Signature X This form may be signed and authorised by Designated member, Judicial factor	
6	Additional former names (continued from Section 3)	
Former names 0		Additional former names Use this space to enter any additional names