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 do this, please use form LL A 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'



A50 26/07/2011 COMPANIES HOUSE 35

1	LLP details	,	
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	d 0 d 1 m 0 m 4 y 2 y 0 y 1 y 1		
3	New member's details		
Title *		• Former name(s) • Please provide any previous names	
Full forename(s)	Philip	which have been used for business purposes in the past 20 years. Married women do not need to give former names unless previously used for business purposes Continue in Section 6 if required	
Surname	Krınks		
Former name(s) •			
Country/State of residence	Country/State of residence This is in respect of your usual		
Date of birth	$\begin{bmatrix} d_0 & d_2 & & \end{bmatrix} \begin{bmatrix} m_0 & m_5 & & \end{bmatrix} \begin{bmatrix} y_1 & y_9 & y_7 & y_2 \end{bmatrix}$	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?		
	Yes		
	✓ 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	This is the address This is the address that will appear on the public record This does not have to be your usual residential address	
Building name/number	20		
Street	Manchester Square	Please state 'The LLP's Registered	
		Office' if your service address is recorded in the LLP's register of members as the LLP's registered office	
Post town	London		
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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Appointment of member of a Limited Liability Partnership (LLP)

5	Signatures	
	I consent to act as member of the above named LLP	
lew member's Ignature	X P. L. Winn	
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 ●		Additional former names Use this space to enter any additional names.