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

LL AP01

Appointment of member of a Limited Liability Partnership (LLP)



<u> </u>	What this form is for
•	You may use this form
	to appoint an individual as a
	member of an LLP

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



26/07/2011

1	LLP details	COMPANIES HOUSE	
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	$\begin{bmatrix} d & 0 \end{bmatrix} \begin{bmatrix} d & 1 \end{bmatrix} \begin{bmatrix} m & 0 \end{bmatrix} \begin{bmatrix} m & 4 \end{bmatrix} \begin{bmatrix} y & 2 \end{bmatrix} \begin{bmatrix} y & 0 \end{bmatrix} \begin{bmatrix} y & 1 \end{bmatrix} \begin{bmatrix} y & 1 \end{bmatrix}$		
3	New member's details		
Title *		Former name(s) Please provide any previous names	
Full forename(s)	James	which have been used for business purposes in the past 20 years.	
		purposes in the past 20 years Married women do not need to give	
Surname	Platt	former names unless previously used	
Former name(s) •	for business purposes 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	^d 2 ^d 9 ^m 0 ^m 8 ^y 1 ^y 9 ^y 7 ^y 1	residential address as stated in Section 4a	
Appointment type	Are you being appointed as a designated member?	Appointment type	
	Yes	Your designation must match the status of the LLP	
	✓ 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 •		Additional former names Use this space to enter any additional names.