



LLP Appointments Form

Name of Limited Liability Partnership	
_____ _____ _____	
Member's details	
Title, eg Mr, Mrs etc	
Forenames:	
Surname:	
Date of birth**:	
Country of residence:	
Former name: (Maiden name not needed)	
Service address:	
Use Registered Office <input type="checkbox"/>	
_____ _____ _____	
Residential address**:	
_____ _____ _____	
Designated Member? (please tick) <input type="checkbox"/> Note: an LLP must have at least 2 designated members	
Note: Please insert members shares below Share of profits/losses % Rights to capital on winding up % Voting rights %	

Personal authentication details <small>(Choose any 3 items)</small>
First 3 letters of town of birth:
First 3 letters of mother's maiden name:
First 3 letters of eye colour:
First 3 letters of father's first forename:
Last 3 digits of telephone number:
Last 3 characters of NI number:
Last 3 digits of passport number:

Corporate Members only*
Note: If a member is a company, please insert details above of its representative
Corporate Name:
_____ _____ _____
Place of Registration:
Legal Form:
Governing Law:
Consent to Act: The person whose name is entered below confirms that the above has consented to be a member of the LLP
Please enter the name of the person completing this form:

Notes: *Notes re. corporate bodies – A corporate member needs a natural person to be its representative. Please enter the persons' surname, forename and personal authentication details on this form.
 **For non-corporate directors only to complete