

# LLP2 cont

**Full Name of Limited Liability Partnership**

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**List of Members on Incorporation**

*Peers or others known by a title may use the title instead of or in addition to their name*

Surname or Corporate name

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Forename(s)

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Member Reference Number \*  
*(as advised by Companies House)*

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|--|

Date of Birth

|     |       |      |
|-----|-------|------|
| Day | Month | Year |
|     |       |      |

Usual Residential Address \*\*  
*(or registered or principal office address in the case of a corporation or Scottish firm)*

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†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

Post town

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County / Region

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UK Postcode

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Country

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I consent to act as a member of the limited liability partnership named on page 1

*(Please tick this box if consenting to act as a designated member)*

**Signed**

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**Date**

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*(Member to sign and date)*

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**Date**

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*(Member to sign and date)*

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I consent to act as a member of the limited liability partnership named on page 1

\* Voluntary information

*(Please tick this box if consenting to act as a designated member)*

**Signed**

**Date**

*(Member to sign and date)*

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Surname or Corporate name

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**Signed**

**Date**

*(Member to sign and date)*