

# LLP2 cont

**Full Name of Limited Liability Partnership**


**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

--

Forename(s)

--

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

--

Date of Birth

Day	Month	Year

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


†† 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

--

County / Region

--

UK Postcode

--

Country

--

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**

--

**Date**

--

*(Member to sign and date)*

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\* Voluntary information

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