



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

**LL AP01
Appointment of member of a Limited Liability Partnership (LLP)**

LLP Number:	
LLP Name:	

Date of Appointment		Date of Birth:	
Title		Place of Birth:	
Forename(s)		Nationality:	
Surname		Country of Residence:	
Former Name(s):		Mothers Maiden Name	
Telephone Number:			
Email Address:			

This form is intended for use by Small Business Tax UK clients only and is not a replacement to the Companies House form with the same title. Professional guidance should always be sought after when completing forms asking for personal information. If you have any questions concerning the content of this form please contact us.



Are you being appointed as a Designated member ? Yes () No ()

Member's Residential Address Post code: Country:	
Member's Service Address: Post code: Country:	(if same as Residential, write 'Same as residential')

New Member's Signature: By signing this form you are consenting to being appointed as a Partner of the LLP on the above appointment date.	
Authorising Signature: This form must be authorised by a Designated member	
Authorised by:	
Position in Company:	

Please email an original signed copy of this form to info@smallbusinesstax.co.uk.