

Application to Register a Limited Liability Partnership

In accordance with Section 4 of the Limited Liability Partnership Act 2009

Please only print the pages that you need

- A** Proposed Name of Limited Liability Partnership Sec 4(2)(b)
- B** Statement of the Intended Registered Office Sec 4(2)(d)
- C** Statement of Compliance Sec 4(1)(c); Sec 4(2)(a), (b), (c), (d) or (e)
- D** Members designation
- D1** Individual member
- D2** Corporate member



Application to Register a Limited Liability Partnership

As required by
Section 4 of the
Limited Liability
Partnerships Act
2009

A fee is payable
with this form

**Please only print
the pages that
you need**

A Proposed Name of Limited Liability Partnership Sec 4(2)(b) and
general nature of the business of Limited Liability Partnership

Insert Name of Limited Liability Partnership in Full

Insert general nature of the business of Limited Liability Partnership

B Statement of the Intended Registered Office Address Sec 4(2)(c)

Please give the proposed registered office address of your Limited Liability Partnership
which must be in Gibraltar

Building name/number _____
Street _____

Town Gibraltar

Region or State Gibraltar

Postcode GX11 1AA

Country Gibraltar

C Statement of Compliance as required by section 4 (1) (c) and in accordance with section 4 (2)(a), (b), (c), (d) and (e) on application for the registration of a Limited Liability Partnership.

. 1

I 2

of 3

confirm that I am ⁴ a Solicitor of the Supreme Court of Gibraltar a Barrister-at-Law
lawfully acting as a Solicitor of the Supreme Court of Gibraltar a person who
subscribed his name to the incorporation document engaged in the formation

of:
.
_____ 5

and that all requirements of the Limited Liability Partnership Act 2009 as to registration have been complied with.

Signature

Date

¹ Insert proposed Limited Liability Partnership name in full name
² Insert your full name
³ Insert your address
⁴ Delete as necessary and * delete as necessary
⁵ Insert Limited Liability Partnership name in full name

D Members designation

Will all members from time to time be designated members?

(If 'Yes' all members named will be designated. If 'No' at least two members named must be designated)

Yes

No

Member appointments

- For a **member** who is an individual, go to **D1**
- For a **corporate member**, go to **D2**

D1 Individual Members

Individual member

Title	Date of Birth dd mm yyyy
Present Forename (s)	
Present Surname	
Any Former Forename (s)	
Any Former Surname (s)	
Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____
Nationality	
Country of residence	
Please tick this box if you are consenting to act as a designated member <input type="checkbox"/>	
I the above named hereby consent to act as a member of the proposed Limited Liability Partnership named in A	
Signature	

D2 Corporate Members

Corporate member

Name of corporate name or firm	
Registered or Principal Office	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	
Where the company/firm is registered (to be completed by EEA companies only)	
Registration number (to be completed by EEA companies only)	
Legal form of the body corporate or firm (to be completed by non-EEA companies only)	
Governing Law (to be completed by non-EEA companies only)	
If applicable, where the company/firm is registered (to be completed by non-EEA companies only)	
If applicable, the registration number (to be completed by non-	

**EEA companies
only)**

Please tick this box if you are consenting to act as a **designated member**

I _____ (Director/Secretary) of
_____ give consent

to act as a Member of the proposed Limited Liability Partnership named in **A**

Signature