



Return of details of Members and of any change therein.

(Appointments, Terminations and Changes)

As required by Section 11 of the Partnerships Act 2009 to be delivered to the Registrar within 14 days from an appointment and/or 14 days from a termination and/or 28 days from any change in the details of members.

A fee is payable with this form

Please only print the pages that you need

Please insert the LLP Number below:
(Include an * immediately before and after the number)

LLP Number

LLP Name

I ¹ _____ am signing this Return on behalf of the LLP.

Signature _____

Date _____

Presented by	Name
	Address
	Tel
	e-mail

¹ This form must be signed by a designated member of the LLP or authenticated in a manner approved by the Registrar.

Appointment of an individual member of a Limited Liability Partnership (LLP)

In accordance with
Section 11(1)(a) of
the Partnerships Act
2009

LLP Number

LLP Name In Full

Date of member's Appointment	dd mm yyyy
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New member's details	
Title	Date of Birth dd mm yyyy
Present Forename (s)	Any Former Forename (s)
Present Surname	Any Former Surname (s)

Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

Nationality	_____
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Country of residence	_____
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Please tick this box if you are being appointed as a designated member

I the above named hereby consent to act as a member of the above named
LLP

Signature

I ² _____ am signing this Return on behalf of the LLP.

Signature _____

If you wish to appoint more than one member, please print off this page again.

² This form must be signed by a designated member of the LLP or authenticated in a manner approved by the Registrar.

Appointment of a corporate member of a Limited Liability Partnership (LLP)

In accordance with
Section 11(1)(a) of
the Partnerships Act
2009

LLP Number

LLP Name In Full

Date of member's Appointment	dd mm yyyy
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New member's details

Name of corporate name or firm	
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Registered or Principal Office	
Building name/number	<hr/>
Street	<hr/>
Town	<hr/>
Region or State	<hr/>
Postcode	<hr/>
Country	<hr/>

Where the company/firm is registered (to be completed by EAA companies only)	
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Registration number (to be completed by EAA companies only)	
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Legal form of the body corporate or firm (to be completed by non-EAA companies only)	
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Governing Law (to be completed by non-EAA companies only)	
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If applicable, where the company/firm is registered (to be completed by non-EAA companies only)	
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If applicable, the registration number (to be completed by non-EAA companies only)	
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Please tick this box if you are being appointed as a designated member

I _____ (Director/Secretary) of

_____ give consent

to act as a member of the above named LLP.

Signature

I ³ _____ am signing this Return on behalf of the LLP.

Signature _____

If you wish to appoint more than one member, please print off this page again.

³ This form must be signed by a designated member of the LLP or authenticated in a manner approved by the Registrar.

Termination of appointment of any member of a Limited Liability Partnership (LLP)

In accordance with Section 11(1)(a) of the Partnerships Act 2009

LLP Number

LLP Name In Full

Current details on the Registrar	
Date of birth	_____
Title	_____
Full forename(s)	_____
Surname/Corporate name	_____
Date of termination	dd mm yyyy

I⁴ _____ am signing this Return on behalf of the LLP.

Signature _____

If you wish to terminate the appointment of more than one member, please print off this page again.

⁴ This form must be signed by a member of the LLP or authenticated in a manner approved by the Registrar.

Change of details of any member of a Limited Liability Partnership (LLP)

In accordance with
Section 10(4)(a) and
Section 11(1)(b) of
the Partnerships Act
2009

LLP Number

LLP Name In Full

Current details on the Registrar	
Date of birth	_____
Title	_____
Full forename(s)	_____
Surname/Corporate name	_____

Date of change of details	dd mm yyyy
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Please complete the appropriate sections to indicate which of your details have changed

Change of name	
Title	_____
Full forename(s)	_____
Surname/Corporate name	_____

Change of address/registered office	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

Change of status of member

I consent to act as a

Designated member

Member

of the above-mentioned LLP

Member's consent Signature

I ⁵ _____ am signing this Return on behalf of the LLP.

Signature _____

If you wish to amend the details of more than one member, please print off this page again.

⁵ This form must be signed by a member of the LLP or authenticated in a manner approved by the Registrar.