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

- **What this form is for**: You may use this form to appoint an individual as a member of an LLP.
- **What this form is NOT for**: You cannot use the form to appoint a corporate member. To do this, please use form LL AP02 'Appointment of a corporate member of a Limited Liability Partnership (LLP)'.

### 1 LLP details
- **LLP number**: OC340529
- **LLP name in full**: MIDLANDS MEDICAL PARTNERSHIP LLP

### 2 Date of member's appointment
- **Date of appointment**: 17/06/2010

### 3 New member's details
- **Title**: DR
- **Full forename(s)**: HILDA CATHERINE
- **Surname**: JESSOP
- **Former name(s)**: N/A
- **Country/State of residence**: ENGLAND
- **Date of birth**: 1 2 3 4 5 6 7 8
- **Appointment type**: Are you being appointed as a designated member?
  - [ ] Yes
  - [ ] No

### 4 New member's service address
- **Building name/number**: THE LLP'S REGISTERED OFFICE
- **Street**:
- **Post town**:
- **County/Region**:
- **Postcode**:
- **Country**:

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CHFP000
1009 Version 2.0
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Appointment of member of a Limited Liability Partnership (LLP)

### Signatures

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>New member's signature</td>
<td>(\times)</td>
</tr>
<tr>
<td>Authorising signature</td>
<td>(\times)</td>
</tr>
</tbody>
</table>

I consent to act as member of the above named LLP

This form may be signed and authorised by 'Designated member, Judicial factor'

### Additional former names (continued from Section 3)

<table>
<thead>
<tr>
<th>Former names</th>
<th>N/A</th>
</tr>
</thead>
</table>

- Additional former names
  - Use this space to enter any additional names
Appointment of member of a Limited Liability Partnership (LLP)

Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name: DR S S SANGHA

Company name: MIDLANDS MEDICAL PARTNERSHIP

Address: EATON WOOD MEDICAL CENTRE

1128 TYBURN ROAD

Post town: ERDINGTON

County/Regd: BRIMINGHAM

Postcode: B 2 4 0 S Y

Country: ENGLAND

Telephone: 0845 675 0573

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.

Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For LLPs registered in England and Wales.
The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ
DX 33050 Cardiff

For LLPs registered in Scotland.
The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For LLPs registered in Northern Ireland.
The Registrar of Companies, Companies House, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS
DX 481 N R Belfast 1

Section 243 exemption

If you are applying for, or have been granted, a section 243 exemption, please post this whole form to the different postal address below.
The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE

Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

☐ The LLP name and number match the information held on the public register.
☐ You have provided a correct date of birth.
☐ You have completed the date of appointment.
☐ You have completed the appointment type.
☐ You have indicated if you are a designated member.
☐ You have provided both the service address and the usual residential address.
☐ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
☐ You have included all former names used for business purposes over the last 20 years.
☐ You have enclosed a relevant Section 243 application if applying for this at the same time as completing this form.
☐ The new member has signed the form.
☐ An authorising signature has been given by a designated member.

Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk.

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk.