### LLP details

<table>
<thead>
<tr>
<th>LLP number</th>
<th>0 3 4 0 5 2 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>LLP name in full</td>
<td>MIDLANDS MEDICAL PARTNERSHIP LLP</td>
</tr>
</tbody>
</table>

*Filling in this form Please complete in typescript or in bold black capitals All fields are mandatory unless specified or indicated by *

### Date of member's appointment

| Date of appointment | 17/06/2010 |

### New member's details

<table>
<thead>
<tr>
<th>Title</th>
<th>DR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full forename(s)</td>
<td>RITA</td>
</tr>
<tr>
<td>Surname</td>
<td>BAGCHI</td>
</tr>
<tr>
<td>Former name(s)</td>
<td>N/A</td>
</tr>
<tr>
<td>Country/State of residence</td>
<td>ENGLAND</td>
</tr>
</tbody>
</table>

| Date of birth | 01/01/1966 |

**Appointment type**

- [ ] Yes
- [x] No

### New member's service address

Please complete the service address below. You must also complete the member's usual residential address in Section 4a.

<table>
<thead>
<tr>
<th>Building name/number</th>
<th>THE LLP'S REGISTERED OFFICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td></td>
</tr>
<tr>
<td>Post town</td>
<td></td>
</tr>
<tr>
<td>County/Region</td>
<td></td>
</tr>
<tr>
<td>Postcode</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
</tbody>
</table>

**Service address**

This is the address that will appear on the public record. This does not have to be your usual residential address.

Please state 'The LLP's Registered Office' if your service address is recorded in the LLP's register of members as the LLP's registered office.

If you provide your residential address here, it will appear on the public record.
# LL AP01
Appointment of member of a Limited Liability Partnership (LLP)

## Signatures
I consent to act as member of the above named LLP

<table>
<thead>
<tr>
<th>New member's signature</th>
<th>Authorising signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

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>
<tbody>
<tr>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

(Additional former names
Use this space to enter any additional names)
LL AP01
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/Region: BRIMINGHAM
Postcode: B24 0SY
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

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

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