

Limited Liability Partnership Questionnaire

TO PLACE YOUR ORDER PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE TOGETHER WITH THE MEMBERS QUESTIONNAIRE.

NAME	please tick appropriate boxes	√
PLEASE STATE NAME REQUIRED		
We will advise name availability or report identical names.		
We will form your Limited Liability Partnership with the words 'LIMITED LIABIL PARTNERSHIP' in full unless otherwise indicated.		ED LIABILITY PARTNERSI
	• • • • • • • • • •	• • • • • •
REGISTERED OFFICE		
If you wish, our address can be used as the Partnership's Registered Office address for receiving all official mail, which will be forwarded to a designated address. Otherwise, please confirm what will be the Registered Office address of the Limited Liability Partnership:	first 12 months	£ 100.00
	PO	STCODE
		• • • • • •
COMPANY SEALS		
If you would like a company seal then please indicate here: Desktop Lever Press Seal	additional	£ 91.80
Desktop Level Fless Seal		£ 40.50
Handheld plier seal		I 4U.3U
Handheld plier seal	additional	
	additional	• • • • • •
NAME PLATE	additional	• • • • • •
	additional	• • • • • •
NAME PLATE A Limited Liability Partnership must paint or affix its name on the outside of	additional	• • • • •
NAME PLATE A Limited Liability Partnership must paint or affix its name on the outside of every office or place in which its business is carried on. If you would like either a brass name plate or a laminate name plate to affix	Brass Name Plate	£ 69.30



COMPLETION OF MEMBERS' AGREEMENT

5

Please only	complete	this	section	if you	are	taking	advantage	of	our
Professiona	l package	(see	Section	7) be	low.				

EFFECTIVE DATE OF THE AGREEMENT

Unless stated otherwise, we will date the Members' Agreement at the Date of Registration of the Partnership.

However, it is possible for the Agreement to be dated prior to the date of Registration. If you wish the Date of Agreement to be different from the Date of Registration then please state below.

Effective Date of the Agreement	
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BUSINESS ACTIVITIES

Please provide details of the principal business activities of the Partnership. Attach a separate sheet if appropriate.

P ARTN	ERSHIP	's Au	DITORS
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Please provide details of the Auditors of the Partnership.

Name			
Address			

ACCOUNTING REFERENCE DATE

The Partnership's year end for accounting purposes will be the last day of the month in which the anniversary of incorporation falls, unless you decide otherwise. In this case it will be necessary to inform the Registrar of Companies before the first accounts have to be filed, using partnership form LLAA01.

Please confirm the desired Accounting Reference Date.

The first accounting period will end on

BUSINESS ACTIVITIES

MEMBERS

please tick appropriate boxes

PLEASE ONLY COMPLETE THIS SECTION IF YOU ARE TAKING ADVANTAGE OF OUR PROFESSIONAL PACK (SEE SECTION 7) BELOW.

A Limited Liability Partnership must have a minimum of two Members. If there are only two Members then they must both be Designated Members; if there are more than two Members then at least two must be Designated Members. Designated Members have additional responsibilities under the Act. Please provide details of the Members of the Limited Liability Partnership below.



6	MEMBERS

NAME		
Address		
Is this person a Designated Member? Yes	No	
Capital amount contributed to the Partnership		£
Amount of profits payable to this Member		%
Number of votes assigned to this Member		
NAME		
Address		_
Is this person a Designated Member? Yes	No	
Capital amount contributed to the Partnership		<u>f</u>
Amount of profits payable to this Member		%
Number of votes assigned to this Member		
NAME		
Address		
Is this person a Designated Member? Yes	No	
Capital amount contributed to the Partnership		£
Amount of profits payable to this Member		%
Number of votes assigned to this Member		
NAME		
Address		
Is this person a Designated Member? Yes	No	
Capital amount contributed to the Partnership		£
Amount of profits payable to this Member		%
Number of votes assigned to this Member		

If there are to be more than four initial Members then please tick box and attach a separate sheet.



CHECKLIST AND ORDER FORM

please tick appropriate boxes

7

BASIC PACKAGE	-
Certificate of Registration only	Basic Pack £ 135.00
PROFESSIONAL PACKAGE	Professional Package £ 240.00
Certificate of Registration, one bound completed Members' Agreement for each stated Member plus a further copy for the Partnership's records, blank Partnership Registers & Certificates of Membership.	
Professional Plus Package (with complete registers)	Professional Plus Package extra £ 75.00
Additional Services	
Registered Office facility, first 12 months	Reg. Office Facility first 12 months £ 100.00
Additional copy Members Agreement required	Additional Agreement per copy £ 7.50
Lever Press Seal	Lever Press Seal extra £ 91.80
Handheld Plier Seal	Handheld Plier Seal extra £ 40.50
of every office or place in which its business is carried on. Brass Name Plate – size (8" x 4") Laminate Name Plate – size (8" x 4")	Brass Name Plate £ 69.30 Laminate Name Platee £ 51.30
Please find enclosed a cheque payable to Bourse Company Services Limited in the sum of All prices include VAT at the current rate.	£
Bourse Company Services Limited in the sum of	f
Bourse Company Services Limited in the sum of All prices include VAT at the current rate. Bourse Company Services will not be liable in any manner whatsoever in respect of a name which could not reasonably be foreseen at the date of your search, being one to which the Secretary of State or a third party would take objection. All goods and services are provided on the terms of the Company's	
Bourse Company Services Limited in the sum of All prices include VAT at the current rate. Bourse Company Services will not be liable in any manner whatsoever in respect of a name which could not reasonably be foreseen at the date of your search, being one to which the Secretary of State or a third party would take objection. All goods and services are provided on the terms of the Company's	YOUR DETAILS please complete in all cases
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company formation

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LLP Members Questionnaire

Please return this questionnaire together with the Bourse LLP Questionnaire

Proposed new name
For a limited liability partnership, the acceptable endings are LLP or LIMITED LIABILITY PARTNERSHIP
Registered Office address
The Registered Office address of the LLP is the official address for service on the LLP. It must be in England, Wales, Scotland or Northern Ireland. It cannot be a PO Box or similar unless contained within a full address, and should be an address where a person will be available to sign for any mail delivered.
This LLP will be registered in England and Wales ☐ Wales ☐ Scotland ☐ Northern Ireland ☐
Principal Business Activity
Please provide the LLPs proposed business activity, or up to four SIC codes to describe that activity.

company formation

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LLP Members

A limited liability partnership must have at least two members, neither of whom must be a natural person. Where there are more than two members, at least two members must be *designated* members. In addition to the same rights and duties as any other member, these Designated Members also have extra responsibilities analogous to a company director.

People with Significant Control

A Person with Significant Control ("PSC") is a natural person or a relevant legal entity (such as a UK limited company or an LLP, known as an "RLE") who meets one or more of the following conditions in relation to your LLP:

- 1) The individual holds or is treated as holding, directly or indirectly, the right to share in more than 25% of the surplus assets of the LLP on a winding-up;
- 2) Directly or indirectly holds more than 25% of the available voting rights;
- The individual holds, directly or indirectly, the right to appoint or remove a majority of the persons who are entitled to take part in the management of the LLP;
- **4)** Otherwise has the right to exercise, or actually exercises, significant influence or control over the LLP; and/or
- 5) Has the right to exercise, or actually exercises, significant influence or control over the activities of an unincorporated trust or a firm which is not an incorporated entity but which would satisfy any of the first four conditions if it were.

A corporate legal entity is relevant in relation to your LLP if it meets any one or more of the conditions (1) to (5) set out above and:

- 1. It keeps its own PSC register in accordance with the Act and the Regulations, and/or
- 2. It is subject to Chapter 5 of the Financial Conduct Authority's Disclosure and Transparency Rules (DTRs), and/or
- 3. It has voting shares admitted to trading on a regulated market in the UK or European Economic Area (other than the UK) or on specified markets in Switzerland, the USA, Japan, or Israel.

A relevant legal entity (RLE) is registrable in relation to your LLP if it is the first relevant legal entity in your LLPs ownership chain.

You will need to confirm on the following pages any PSC/RLEs and the nature of their control (conditions 1-5 above) which you believe makes them a PSC/RLE.

Alternatively, please confirm that you believe that the LLP has NO people with significant control or relevant legal entities.

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Please provide the details of your proposed members and/or PSC on the following pages.

Please re-print or photocopy the appropriate pages if you need more.

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This individual will be (please tick as many as apply):

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Natural member/PSC

Member 🗖	Designated Member	PSC 🗖	
Full name including title (Mr, Mrs,	etc)		
Previous names (any former names			
Service address (this cannot be a should be an address where a personaddress for service on the officer.)	n can be available to sign for ar	ny mail delivered.	It is the official
Usual residential address (this will - EITHER the usual residential addre	not appear on the public record ss is the same as the service ac	if a Service Addr ddress shown ab	ress is supplied) ove OR else
Usual country or state of residence Date of birth (dd/mm/yyyy) Nationality	.		
Business occupation ("Director" <i>is</i> a			
Business Goodpation (Birestor 70 t		Г	
Please confirm amount contribute	1		£
Please confirm profit share (as a p	ercentage of profits)		
Please confirm number of votes			
The following information is used not appear on the public record. V	to enable us to appoint indivi /E <u>ONLY</u> REQUIRE THREE OF	iduals "electron THE FOLLOWII	ically" and will NG DATA:
First three letters of mother's maiden	First three let	ters of father's	
First three letters of town of birth		gits of passport	
Last three characters of National Insurance number		its of telephone	
(PSCs only) Nature of c	ontrol/Conditions (<i>please tick</i>	as many as app	oly):
Condition 1.	Condition 2. \square	ondition 3. \square	
Condi	tion 4. Condition 5.	_	

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Corporate member/PSC

This corporation will I	oe: lber 🗖	Designated Me	ember 🗖	PSC 🗖	
Full corporate name including legal styling (eg. Limited, Ltd, PLC, LLC)					
Registered Office add					
Is the company regist					
If YES , please confirm	Registration	number			
If NO , please confirm	(1) Country of	or State of registra	tion		
	(2) Registrat	ion number			
	(3) the applic	cable Legal Form			
	(4) the applic	cable Governing L	aw		
				İ	1
Please confirm amount contributed					£
Please confirm profit	share (as a p	ercentage of pro	fits)		
Please confirm number	er of votes				
The following information of the papers	er Companie	es House forms.	It will not appe	ear on the pub	lic record.
Full name of a "respo	nsible persor	or officer of th	e corporation	being appoint	ea
WE <u>ONLY</u> REQUIRE PERSON:	THREE OF T	HE FOLLOWING	DATA, RELA	TING TO THE	RESPONSIBLE
First three letters of mot	ther's maiden		First three letter	ers of father's	
surname First three letters of town	of birth		forename Last three diginumber	ts of passport	
Last three characters Insurance number	of National		Last three digit number	s of telephone	
(RLE only) Nature of control/Conditions (please tick as many as apply):					
Cond	dition 1. 🗖	Condition 2	. 🖵 со	ndition 3. 🗖	
	Condi	tion 4. 🗖	Condition 5.]	

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Corporate member/PSC

This corporation will I	oe: lber 🗖	Designated Me	ember 🗖	PSC 🗖	
Full corporate name including legal styling (eg. Limited, Ltd, PLC, LLC)					
Registered Office add					
Is the company regist					
If YES , please confirm	Registration	number			
If NO , please confirm	(1) Country of	or State of registra	tion		
	(2) Registrat	ion number			
	(3) the applic	cable Legal Form			
	(4) the applic	cable Governing L	aw		
				İ	1
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	Condi	tion 4. 🗖	Condition 5.]	

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