

Limited Liability Partnership Questionnaire

TO PLACE YOUR ORDER PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE TOGETHER WITH FORM LLP2.

1 NAME 1

PLEASE STATE NAME REQUIRED

We will advise name availability or report identical names.

We will form your Limited Liability Partnership with the words 'LIMITED LIABILITY PARTNERSHIP' in full unless otherwise indicated.

please tick appropriate boxes ✓

LIMITED LIABILITY PARTNERSHIP

2 REGISTERED OFFICE 2

If you wish, our address at Pembroke House, 7 Brunswick Square, Bristol BS2 8PE can be used as the Partnership's Registered Office address for receiving all official mail, which will be forwarded to a designated address.

please tick ✓ per annum **£ 75.00**

Otherwise, please confirm what will be the Registered Office address of the Limited Liability Partnership:

POSTCODE

3 LEVER PRESS SEAL 3

The Professional pack will include a hand held company plier seal. If you would like a larger, desktop seal then indicate here.

please tick ✓ additional **£ 25.00**

4 NAME PLATE 4

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 outside your offices then please indicate here

Brass Name Plate – size (8" x 4")

Brass Name Plate **£ 35.00**

Laminate Name Plate – size (8" x 4")

Laminate Name Plate **£ 25.00**



Please only complete this section if you are taking advantage of our Professional package (see Section 7) below.

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 _____

BUSINESS ACTIVITIES

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

BUSINESS ACTIVITIES

.....
PARTNERSHIP'S AUDITORS

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 LLP225.

Please confirm the desired Accounting Reference Date.

The first accounting period will end on

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.

please tick appropriate boxes ✓



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 _____

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



The following are also available as Same-Day Incorporation Packages:

BASIC PACKAGE

Certificate of Registration only

PROFESSIONAL PACK

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, company form LLP225, company plier seal

With completed Partnership Registers & Certificates of Membership

ADDITIONAL SERVICES

Registered Office facility, per annum

Additional copy Members Agreement _____ required

Lever Press Seal

Every Limited Liability Partnership must paint or affix its name on the outside 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")

please tick appropriate boxes ✓

Same-day supplement extra £ 150.00

Basic Pack £ 95.00

Professional pack £ 200.00

Completed Registers extra £ 50.00

Reg. Office Facility per annum £ 75.00

Additional Agreement per copy £ 7.50

Lever Press Seal extra £ 25.00

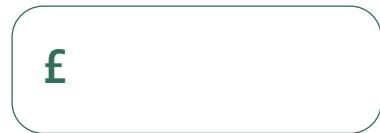
Brass Name Plate £ 35.00

Laminate Name Plate £ 25.00

Please find enclosed a cheque payable to Bourse Company Services Limited in the sum of

All prices include VAT.

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 Standard Conditions of Business, copies of which are available on application to the Company.



_____ Credit card number

Start Date (if any) _____ Validation Code* _____ *last three digits on reverse of card

Expires _____ Issue Number (if any) _____

I wish to pay by Mastercard Visa Debit Card please tick appropriate box ✓

My Credit Card number and expiry date are as above. Please debit my account with the amount due.

Cardholders name _____

Signature _____ Date _____

YOUR DETAILS please complete in all cases

Company (if applicable) _____

Contact _____ Ref (optional) _____

Address _____

Dx/Britdoc No (if applicable) _____

Phone _____ Fax _____

E-mail _____



company formation

- READY-MADE/MADE TO MEASURE
FLAT MANAGEMENT
GUARANTEE COMPANIES
UNLIMITED COMPANIES • PLCS
REGISTERS • NAME PLATES • SEALS

property and company searches

- COMPANY SEARCHES • CREDIT/STATUS REPORTS
PERSONAL LOCAL AUTHORITY SEARCHES
ENVIRONMENTAL SEARCHES
PROPERTY SEARCHES
PLANNING, FLOODING, CONTAMINATED LAND SEARCHES

corporate services

- SPECIFIC ARTICLES
CREATION OF DIFFERENT SHARE CLASSES
BONUS ISSUES • PURCHASE OF OWN SHARES
RE-REGISTRATION • SECRETARIAL AND NOMINEE SERVICES
OVERSEAS/OFFSHORE COMPANIES

List of Members on Incorporation

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Forename(s)

Member Reference Number * (as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

†† Usual Residential Address (or registered or principal office address in the case of a corporation or Post town

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

County / Region UK Postcode

Country

I consent to act as a member of the limited liability partnership named on page 1

(Please tick this box if consenting to act as a designated member)

* Voluntary information

Signed **Date**

(Member to sign and date)

Peers or others known by a title may use the title instead of or in addition to their name

Surname or Corporate name

Forename(s)

Member Reference Number * (as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

†† Usual Residential Address (or registered or principal office address in the case of a corporation or Scottish firm Post town

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

County / Region UK Postcode

Country

* Voluntary information

I consent to act as a member of the limited liability partnership named on page 1

(Please tick this box if consenting to act as a designated member)

Signed **Date**

(Member to sign and date)

NOTE: Unless there are at least two designated members, all members will be designated members.