

Limited Liability Partnership Questionnaire

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

1

NAME

please tick appropriate boxes ✓

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.

_____ **LIMITED LIABILITY PARTNERSHIP** _____

2

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**

_____ **POSTCODE** _____

2

3

COMPANY SEALS

If you would like a company seal then please indicate here:

Desktop Lever Press Seal

Handheld plier seal

additional **£ 91.80**

additional **£ 40.50**

3

4

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 outside your offices then please indicate here

Brass Name Plate – size (8" x 4")

Laminate Name Plate – size (8" x 4")

Brass Name Plate **£ 69.30**

Laminate Name Plate **£ 51.30**

4

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 LLAA01.

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.

please tick appropriate boxes

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.



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 PACKAGE

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)

ADDITIONAL SERVICES

Registered Office facility, first 12 months

Additional copy Members Agreement _____ required

Lever Press Seal

Handheld Plier 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 £ 90.00

Basic Pack £ 95.00

Professional Package £ 200.00

Professional Plus Package extra £ 75.00

Reg. Office Facility first 12 months £ 100.00

Additional Agreement per copy £ 7.50

Lever Press Seal extra £ 91.80

Handheld Plier Seal extra £ 40.50

Brass Name Plate £ 69.30

Laminate Name Plate £ 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 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 input field

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

Britdoc No (if applicable)

Phone Fax

E-mail



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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.

.....

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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;
- 3) 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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Natural member/PSC

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

Member

Designated Member

PSC

Full name including title (Mr, Mrs, etc)

.....

Previous names (any former names used for business purposes within the last twenty years)

.....

Service address (this cannot be a PO Box or similar unless contained within a full address, and should be an address where a person can be available to sign for any mail delivered. It is the official address for service on the officer.)

.....

.....

Usual residential address (this will not appear on the public record if a Service Address is supplied) - EITHER the usual residential address is the same as the service address shown above OR else please show below:

.....

.....

Usual country or state of residence

Date of birth (dd/mm/yyyy)

Nationality

Business occupation ("Director" is acceptable)

Please confirm amount contributed

£

Please confirm profit share (as a percentage of profits)

Please confirm number of votes

The following information is used to enable us to appoint individuals "electronically" and will not appear on the public record. **WE ONLY REQUIRE THREE OF THE FOLLOWING DATA:**

First three letters of mother's maiden surname

--

First three letters of father's forename

--

First three letters of town of birth

--

Last three digits of passport number

--

Last three characters of National Insurance number

--

Last three digits of telephone number

--

(PSCs only) Nature of control/Conditions (please tick as many as apply):

Condition 1.

Condition 2.

Condition 3.

Condition 4.

Condition 5.

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First three letters of town of birth	<input type="text"/>	Last three digits of passport number	<input type="text"/>
Last three characters of National Insurance number	<input type="text"/>	Last three digits of telephone number	<input type="text"/>

(PSCs only) Nature of control/Conditions (please tick as many as apply):

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Designated Member

PSC

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Natural member/PSC

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Member

Designated Member

PSC

Full name including title (Mr, Mrs, etc)

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Natural member/PSC

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

Member

Designated Member

PSC

Full name including title (Mr, Mrs, etc)

.....

Previous names (any former names used for business purposes within the last twenty years)

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.....

Usual country or state of residence

Date of birth (dd/mm/yyyy)

Nationality

Business occupation ("Director" is acceptable)

Please confirm amount contributed

£

Please confirm profit share (as a percentage of profits)

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Corporate member/PSC

This corporation will be:

Member

Designated Member

PSC

Full corporate name including legal styling (eg. Limited, Ltd, PLC, LLC)

.....

Registered Office address (of this corporation)

.....

.....

Is the company registered within the United Kingdom?

If **YES**, please confirm Registration number

If **NO**, please confirm (1) Country or State of registration

(2) Registration number

(3) the applicable Legal Form

(4) the applicable Governing Law

Please confirm amount contributed

£

Please confirm profit share (as a percentage of profits)

Please confirm number of votes

The following information is used to enable us to appoint members "electronically" without completion of the paper Companies House forms. It will not appear on the public record.

Full name of a "responsible person" or officer of the corporation being appointed

.....

WE ONLY REQUIRE THREE OF THE FOLLOWING DATA, RELATING TO THE RESPONSIBLE PERSON:

First three letters of mother's maiden surname

First three letters of town of birth

Last three characters of National Insurance number

First three letters of father's forename

Last three digits of passport number

Last three digits of telephone number

(RLE only) Nature of control/Conditions (please tick as many as apply):

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Corporate member/PSC

This corporation will be:

Member

Designated Member

PSC

Full corporate name including legal styling (eg. Limited, Ltd, PLC, LLC)

.....

Registered Office address (of this corporation)

.....

.....

Is the company registered within the United Kingdom?

If **YES**, please confirm Registration number

If **NO**, please confirm (1) Country or State of registration

(2) Registration number

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Last three digits of telephone number

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