

LL AR01 2015 - continuation page
Annual Return of a Limited Liability Partnership (LLP)

Member

C1	Member details	
Title*		
Full forename(s)		
Surname		
Former name(s)		
Country/State of residence		
Month/year of birth	X X m m y y y y	
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>	

C2	Member's service address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		