

In accordance with the Limited Liability Partnership (Application of Companies Act 2006) Regulations 2009 applying Section 243 and Regulation 5 of the Companies (Disclosure of Address) Regulations 2009.

LL SR03

Application under section 243 by an individual member of a Limited Liability Partnership (LLP)

A fee is payable with this form.

What this form is for
You may use this form to request that the protected information regarding your residential address is not disclosed to credit reference agencies.

What this form is NOT for
You cannot use this form if you are an LLP applying on behalf of your members (please use form LL SR04) or if you are a proposed member of a proposed LLP applying on behalf of the proposed members (please use form LL SR05).

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Applicant's details

| | | | | | | | | | |
|----------------|--|---|---|---|---|---|---|---|---|
| Title* | | | | | | | | | |
| Forename(s) | | | | | | | | | |
| Surname | | | | | | | | | |
| Former name(s) | | | | | | | | | |
| Date of birth | <table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table> | d | d | m | m | y | y | y | y |
| d | d | m | m | y | y | y | y | | |

→ Filling in this form

Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

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Usual residential address

| | |
|----------------------|--|
| Building name/number | |
| Street | |
| Post town | |
| County/Region | |
| Postcode | |
| Country | |

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Details of Limited Liability Partnerships (LLP) of which you are currently, or propose to become, a member

| | |
|-----------------------------|--|
| LLP details | |
| LLP number (if appropriate) | |
| LLP name in full | |
| LLP details | |
| LLP number (if appropriate) | |
| LLP name in full | |

Continuation page

Please use a continuation page if you need to enter more LLP details.

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Grounds of the application

Please state the grounds for making the application.

Continuation pages
Please use a continuation page if
necessary.

Grounds of application

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Where the grounds are that you, or a person who lives with you, will be subjected to violence or intimidation as a result of the activities of an LLP of which you were, are, or propose to be a director; an overseas company of which you were, are, or propose to be a member; a company of which you are, or were a director; or an overseas company of which you are, or were, director, secretary or permanent representative, please give the name and number of the LLP, company or overseas company.*

Company/LLP number*

Company/LLP name in full*

You must provide evidence in support of your application. You may want to list your evidence here.

Details of document(s)

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Applicant's signature

Please sign the form below.

Applicant's signature

Signature

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Where to send

Please return this form to the address below:

The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE.