In accordance with section 790ZF of the Companies Act 2006 as applied by the Limited Liability Partnerships (Application of Companies Act 2006) Regulations 2009 and Regulation 26 of The Limited Liability Partnerships (Register of People with Significant Control) Regulations 2016

# LL SR16



Application by a LLP to prevent an individual PSC's (who has a section 243 exemption) usual residential address being disclosed to a credit

reference agency

This form is for viewing purposes only. To obtain the correct version for filing telephone our contact centre on 0303 1234 500 or email enquiries@companieshouse.gov.uk

A fee is payable with this form See 'How to pay' on the last page.

#### ✓ What this form is for

You may use this form if you are a LLP to apply to prevent an individual PSC's (who has an exemption under s243 of the Companies Act 2006) usual residential address from being disclosed to a credit reference agency.

#### What this form is NOT for

You cannot use this form if you are an individual applying (Use LL SR15) or if you are a proposed member of a Limited Liability Partnership (LLP) applying on behalf of a proposed PSC (use LL SR17) For further information, please refer to our guidance at www.qov.uk/companieshouse

		For official use only
		у у
A1 LLP	details	
LLP number		→ Filling in this form  Complete in typescript or in bold
LLP name in full		black capitals.
		All fields are mandatory unless specified or indicated by *
Email address *(if any) •		• Email address  This will be used to contact you. It'll not be used for marketing or passed on to anyone else.
A2 Reg	istered office address	
Building name/number		• Registerd office address
Street		This is the address that will be used to notify you whether or not your application is successful.
Post town		
County/Region		
Postcode		

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Part B	Individual PSC's details		
B1	Individual's PSC name and date of birth		
Title *		• Former name(s)	
Forename(s)		<ul> <li>Provide any previous names which have been used for business</li> </ul>	
Surname		purposes in the past 20 years.  2 Also known as name(s)	
Former name(s) •		Provide any name that you are also known by. This will help us match your information on our systems.	
Also known as name(s) * <sup>2</sup>		_	
Date of birth			
B2	Email address (if any)		
Email address *(if any)		Email address  This will be used to contact you. It'll	
		not be used for marketing or passed on to anyone else.	
В3	Usual residential address <sup>©</sup>		
Building name/numbe		<ul><li>This is the address that will be treated as protected information.</li></ul>	
Street		— treated as protected information.	
		_	
Post town		_	
County/Region		_	
Postcode			
Country			
B4	Details of current section 243 exemption		
	Show the LLP details where a section 243 exemption has been granted. This is where an LLP member's usual residential address is prevented from being disclosed to a credit reference agency.	Only show one LLP where a section 243 exemption has been granted.	
LLP number			
LLP name in full		_ _	
	Please tick if the s243 decision relates to a LLP which was never incorporated.		

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Signature Signat	B5	Show each LLP where the person is a PSC. This will prevent the residential address being disclosed to credit reference agencies.	Use continuation page if necessary.
LLP number  LLP name in full  Part C Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature	LLP number		
LLP name in full  LLP name in full  LLP name in full  LLP name in full  Part C Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature  Signature  Signature  X  Signature  Signat	LLP name in full		
LLP name in full  LLP name in full  LLP name in full  Part C Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature  Signature  Signature  Signature  Signature  X  Signature  Nees a sign the form below.  OPerson authorised Under either section 270 or 274 the Companies Act 2006. As appl by the Limited Liability Partnersh (Application of Companies Act 2006) Regulations 2009	LLP number		
LLP name in full    Confirm that the individual named in Part B has consented to this application. Please sign the form below.	LLP name in full		
LLP name in full  Part C  Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature  Signature  Signature  Signature  Signature  A  Signature  Signature  Signature  Signature  Signature  A  Signature  Signature  Signature  Signature  Signature  Signature  M  Signature  A  Signature  Signature  Signature  A  Signature  Sig	LLP number		
Part C  Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature  Sig	LLP name in full		
Part C Signature  I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature  Signature  Signature  X  OPerson authorised Under either section 270 or 274 of the Companies Act 2006. As appl by the Limited Liability Partnersh (Application of Companies Act 2006) Regulations 2009	LLP number		
I confirm that the individual named in Part B has consented to this application. Please sign the form below.  Signature	LLP name in full		
application. Please sign the form below.  Signature  Signature  Signature  Coreson authorised Under either section 270 or 274 of the Companies Act 2006. As appl by the Limited Liability Partnersh (Application of Companies Act 2006) Regulations 2009	Part C	Signature	
Signature Signat			Under either section 270 or 274 of
This form may be signed by:	Signature		by the Limited Liability Partnerships (Application of Companies Act
LLP member •, Person authorised •.		This form may be signed by: LLP member ●, Person authorised ●.	- , ,

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Presenter information	Important information	
You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form.	The information on this form will not appear on the public record.	
Contact name	£ How to pay	
Company name	A fee of £15 is payable to Companies House in respect of each application.	
Address	Make cheques or postal orders payable to 'Companies House.'	
	☑ Where to send	
Post town	Return this form to the address below:	
County/Region  Postcode  Country	The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.	
DX	<i>i</i> Further information	
Telephone  ✓ Checklist	For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk	
We may return forms completed incorrectly or with information missing.	This form is available in an alternative format. Please visit the	
Make sure you have remembered the following:  You have provided the LLP details in part A.  You have provided the PSC details in part B.  You have provided the details of section 243 exemption.  You have given details of applicable companies.  You have signed the form.  You have enclosed the correct fee.  You are not submitting a photocopy.  You have ensured that the form is on orange paper.	forms page on the website at www.gov.uk/companieshouse	