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 ✓

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 AND SERVICE ADDRESS FACILITY

Our address can be used as the LLP's Registered Office address for receiving official mail which can be forwarded to a designated address.

Members may also place a Service Address onto the public record: their residential address remains on a private record at Companies House. You can use our address as a Member's Service Address for receipt of official mail, which can be forwarded on to a designated address.

first 12 months **£ 75.00** ☐

Number of Directors _____

first 12 months each **£ 75.00** ☐

3 COMPANY SEALS

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

Desktop Lever Press Seal — additional **£ 114.00** ☐

Handheld plier seal — additional **£ 42.00** ☐

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 a brass name plate to affix outside your offices then please indicate here

Brass Name Plate – size (8" x 4")

Brass Name Plate **£ 69.30** ☐

Bourse company services

ST BRANDONS HOUSE • 29 GREAT GEORGE STREET • BRISTOL BS1 5QT

TELEPHONE **0117 983 6600** FACSIMILE 0117 983 6611

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5 COMPLETION OF MEMBERS' AGREEMENT

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

_____

6 MEMBERS

please tick appropriate boxes

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.

6 MEMBERS

please tick appropriate boxes ✓

6

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.

7 CHECKLIST AND ORDER FORM

please tick appropriate boxes

7

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

Same-day supplement *extra* **£ 200.00** ☐

Basic Package

Certificate of Registration only

Basic Pack **£ 185.00** ☐

Professional Package

Professional Package **£ 290.00** ☐

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)

Professional Plus Package *extra* **£ 75.00** ☐

Additional Services

Registered Office facility, first 12 months

Reg. Office Facility *first 12 months* **£ 75.00** ☐

Members Service Addresses
Number of Member using facility

Members Service Addresses *first 12 months* **£ 75.00** ☐

Additional copy Members Agreement _____ required

Additional Agreement *per copy* **£ 7.50** ☐

Lever Press Seal

Lever Press Seal *extra* **£ 114.00** ☐

Handheld Plier Seal

Handheld Plier Seal *extra* **£ 42.00** ☐

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")

Brass Name Plate **£ 69.30** ☐

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

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

This LLP will be registered in

England and Wales ❑ Wales ❑ Scotland ❑ Northern Ireland ❑

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.

Authorised email address

.....

The authorised email address will not appear on public record. It is the email address that Companies House will use to correspond with the Company.

Will all members from time to time be 'designated' members? Yes ❑

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 .....

Identity Verification Code .....>>.....

Please confirm amount contributed	£
Please confirm profit share (as a percentage of profits)	
Please confirm number of votes	

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

Condition 1. ❑ Condition 2. ❑ Condition 3. ❑
Condition 4. ❑ Condition 5. ❑

(see notes for *People with Significant Control* above)

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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)

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Member ❑ Designated Member ❑ PSC ❑

Full name including title (Mr, Mrs, etc)

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Corporate member/PSC

This corporation will be:

Member ❑ Designated Member ❑ RLE ❑

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	

Full name of a "responsible person" or officer of the corporation being appointed (this will not appear on public record)

……

(RLE only) Condition 1. ❑ Condition 2. ❑ Condition 3. ❑

Condition 4. ❑ Condition 5. ❑

(see notes for *People with Significant Control* above)

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Corporate member/PSC

This corporation will be:

Member ❑ Designated Member ❑ RLE ❑

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 ……

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Please confirm amount contributed	£
Please confirm profit share (as a percentage of profits)	
Please confirm number of votes	

Full name of a "responsible person" or officer of the corporation being appointed (this will not appear on public record)

……

(RLE only) Condition 1. ❑ Condition 2. ❑ Condition 3. ❑

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

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