

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

SCHEDULE

SCHEDULE

This form will not appear on the public record

723(SR)

Usual Residential Addresses: Notification of details of Usual Residential Address Following Grant of Confidentiality Order

For Official Use
(Please leave these
boxes blank)

Please complete in typescript,
or in bold black capitals.

Company or LLP
Number

Company or LLP
Name in full

Personal Details (as contained in application form):

Surname

Forename(s)
(in full)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Usual Residential Address

Premises name
and/or number

Street Name

Post town

UK Postcode
(if applicable)

County / Region

Country

Signed

Date

Director/Secretary/Permanent Representative/LLP
Member (Delete as appropriate)

When completed please send this form to:

(please enclose a stamped addressed envelope if you want an acknowledgement of this form)

The Administrator
PO Box 4082
Cardiff
CF14 3WE

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723(change)

Usual Residential Address: Notification of Change of Usual Residential Address

Please complete in typescript,
or in bold black capitals.

For Official Use
(Please leave these
boxes blank)

Company or LLP Number

Company or LLP Name in full

Personal Details (as contained in application form):

Surname

Forename(s) (in full)

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Change of Usual Residential Address

Date of Change

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

New usual residential address

Premises name and/or number

Street Name

Post town

UK Postcode (if applicable)

County / Region

Country

Signed

Date

Director/Secretary/Permanent Representative/LLP Member (Delete as appropriate)

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LLP363

Annual Return of a Limited Liability Partnership

LLP Number

Full Name of Limited Liability Partnership

Date of this return Day Month Year
The information in this return is made up to

Date of next return Day Month Year
If you wish to make your next return on a date earlier than the anniversary of this return please show the date here.

Registered Office
Show here the address as at the date of this return.
Post town
County UK Postcode

Any change of registered office must be notified on Form LLP287.

Register of Debenture Holders

Post town
County UK Postcode

If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept

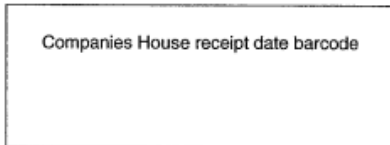
List members on page 2

Certificate As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.

Signed Date
Designated Member

When you have signed the return send it with the fee of £35 to the Registrar of Companies. Cheques should be made payable to Companies House.

This return includes continuation sheets.
(enter number)



Form April 2002

When you have completed and signed the form please send it to the Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales
or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh for partnerships registered in Scotland

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Members

Please list members in alphabetical order

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

Details of new members must be notified on form LLP288a

**** Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.**

<input type="checkbox"/>	Surname or Corporate Name	<input type="text"/>		
	Forename(s)	<input type="text"/>		
	Address **	<input type="text"/>		
		<input type="text"/>		
	Post town	<input type="text"/>		
	County / Region	UK	<input type="text"/>	
		Postcode	<input type="text"/>	
	Country	<input type="text"/>		Tick box if designated member <input type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

* Voluntary information

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<input type="checkbox"/>	Surname or Corporate Name	<input type="text"/>		
	Forename(s)	<input type="text"/>		
	Address **	<input type="text"/>		
		<input type="text"/>		
	Post town	<input type="text"/>		
	County / Region	UK	<input type="text"/>	
		Postcode	<input type="text"/>	
	Country	<input type="text"/>		Tick box if designated member <input type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

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LLP363 cont

Annual Return (continuation sheet)

LLP Number

Members (Please list members in alphabetical order)

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Surname or Corporate Name	<input type="text"/>
Forename(s)	<input type="text"/>
Address **	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
Post town	<input type="text"/>
County / Region	<input type="text"/>
Country	<input type="text"/>
UK Postcode	<input type="text"/>
Tick box if designated member	<input type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

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County / Region	<input type="text"/>
Country	<input type="text"/>
UK Postcode	<input type="text"/>
Tick box if designated member	<input type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

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Details of new members must be notified on form LLP288a

Surname or Corporate Name

Forename(s)

Address ††

Post town

County / Region UK Postcode

Country Tick box if designated member

Member Reference Number **(as advised by Companies House)* Date of Birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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