

## **Guernsey Registry**

Market Building, PO Box 451, Fountain Street, St. Peter Port, Guernsey, GY1 3GX

Tel: +44 (0) 1481 743800

Email: enquiries@guernseyregistry.com

## Limited Liability Partnership - Application For Conversion

For more information, please contact the Guernsey Registry

| Firm Details                          |  |
|---------------------------------------|--|
| Application Date                      | / /  |
| Firm Name                             |  |
| Firm Business Address                 |  |
|                                       | Post Code                                  |
| Proposed LLP Name                     |  |
| N.B. the name must end with "Limi     | ted Liability Partnership", "LLP" or "llp" |
| Proposed Registered<br>Office Address |  |
|                                       | Post Code                                  |
| Principal Place of<br>Business        |  |
|                                       | Post Code                                  |

| Nature of Business                                   |           |
|--|-----------|
|  |           |
|  |           |
| Economic Activity Code                               |           |
| Member Details                                       |           |
| Member 1   |           |
| Member Name  |           |
| Date of Birth/ Entity<br>Registration date.          | / /       |
| Unique Identity Number /<br>Registered Entity Number |           |
| Member service address                               |           |
|  |           |
|  |           |
|  | Post Code |
|  | 10310000  |
| Member 2   |           |
| Member Name  |           |
| Date of Birth/ Entity<br>Registration date.          | / /       |
| Unique Identity Number /<br>Registered Entity Number |           |
| Member service address                               |           |
|  |           |
|  |           |
|  | Post Code |
|  |           |

| Member 3  |           |  |  |  |
|---|-----------|--|--|--|
| Member Name   |           |  |  |  |
| Date of Birth/ Entity<br>Registration date.   |           |  |  |  |
| Unique Identity Number /<br>Registered Entity Number  |           |  |  |  |
| Member service address  |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |
|   | Post Code |  |  |  |
|   |           |  |  |  |
| Member 4  |           |  |  |  |
| Member Name   |           |  |  |  |
| Date of Birth/ Entity<br>Registration date.   | / /       |  |  |  |
| Unique Identity Number /<br>Registered Entity Number  |           |  |  |  |
| Member service address  |           |  |  |  |
|   |           |  |  |  |
|   |           |  |  |  |
|   | Post Code |  |  |  |
|   | rosi code |  |  |  |
| Note: If there are more than 4 members, please attached a list (including all the details requested above) to the submission. |           |  |  |  |
| List of members   | sincluded |  |  |  |

## Resident Agent Details

Please provide details of the proposed Resident Agent (if applicable). Details of who can be a resident agent and those LLP's that are exempt can be found on the Guernsey Registry website.

| Corporate Service<br>Providers/Person Name  |  |
|---|--|
| Address   |  |
|   |  |
|   | Post Code  |
| Presenter Details   |  |
| Presenter name  |  |
| CSP Number  |  |
| Email address   |  |
| Telephone number  |  |
| Your Reference (Optional)   |  |
| I confirm that the application to our Registry account (deta  |  |
| Registry account number   |  |
| Confirmations and Declar  | ation  |
| <ul> <li>By signing this form you confirm that</li> <li>This application complies with<br/>Partnership (Guernsey) Law 20</li> <li>You are a Corporate Services</li> </ul> | the requirements of Section 8 and 27 of the Limited Liability 013. |
| Presenter Signature:  |  |
| Print Name  |  |
| Date  | / /  |

| Partners Signature: |     |   |
|---------------------|-----|---|
| Print Name          |     |   |
| Date                | / / |   |
| Partners Signature: |     |   |
| Print Name          |     |   |
| Date                | / / | • |
| Partners Signature: |     |   |
| Print Name          |     |   |
| Date                | / / |   |
| Partners Signature: |     |   |
| Print Name          |     |   |
| Date                | / / |   |
| Partners Signature: |     |   |
| Print Name          |     |   |
| Date                | / / |   |

Firm Partners—Statement of Consent to Conversion