

# LIMITED LIABILITY PARTNERSHIP

## Annual Return

### 1. LLP DETAILS

LLP Registered Name

LLP Registration Number

Date of Incorporation

Return Made Up To Date

### 2. REGISTERED OFFICE ADDRESS

Address Line 1

Address Line 2

City / Town

State / County / Province

Postal Code / Zip Code

Country

### 3. PRINCIPAL BUSINESS ACTIVITIES

Classification Code (SIC/NAICS)

Description of Activities

### 4. PARTICULARS OF MEMBER 1

Full Name

Service Address

Date of Birth

Designation Status

- Designated Member  
 Ordinary Member

### 5. PARTICULARS OF MEMBER 2

Full Name

Service Address

Date of Birth

Designation Status

- Designated Member  
 Ordinary Member

**6. INDIVIDUAL PERSON WITH SIGNIFICANT CONTROL (PSC)**

Full Name

\_\_\_\_\_

Service Address

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Nature of Control / Voting Rights

\_\_\_\_\_

**7. DECLARATION AND SIGNATURE**

I confirm that the information provided in this Annual Return is correct and complete to the best of my knowledge and belief at the date of this return.

Signed:

Date:

\_\_\_\_\_

\_\_\_\_\_

Designated Member Signature

DD / MM / YYYY

Print Name:

\_\_\_\_\_