

THE LIMITED LIABILITY PARTNERSHIP ACT 2016**FOR OFFICE USE****S23-F LLP2****CONSENT OF MANAGER
(Section 23)**

Document Folio

Category

Partnership No.

If there is more than one Manager, please attach a separate sheet or sheets with the consent of the additional Managers set out in the approved format.

Name of proposed Limited Liability Partnership**Full name of Manager****BRN.****ID No.****Full address**

I consent to act as Manager of the above proposed Limited Liability Partnership.

Date:

Signature:

****Please attached proof of qualifications.*

Presented by:

Name:

.....

Address :

.....

Reference:

(For office use)

Officer's Name:

.....

.....

Sig:

Date:

Sheet of *(for office use)*