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Return of alteration in the directors or secretary of a Parl XXIII company or in theiı particulars

Company number (e.g. FC 099999):

0 0 6

Company name (in full):



Photocopies of this form will not be accepted

Please use upper and/or lower case letters exactly as you intend them to appear in Company name in Black Ink. Please leave a blank box to indicate a

space.

Please complete all remaining boxes on this form legibly, in **CAPITAL LETTERS** and in Black Ink. Please leave a blank box to indicate a S sepa each a Please

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appropria appo director a mark

Ple

Country:

space. Use a parate row for	Appointment	
n address line. use do not fold this form.	Date of appointment (DD/MM/YYYY):	
n over page for resignation and	2 8 0 4 2 0 0 6	
change of particulars.)	Date of appointment (DD/MM/YYYY): 2 8 0 4 2 0 0 6 DEPARTMENT OF ENTERIALS TRADE & INVESTMENT COMPANIES REGISTRY COMPANIES REGISTRY	
Please mark the priate box. If the pointment is as	\ 3\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
or and secretary ark both boxes.	Title: COUNTER RECEIVED	
* See Note 1	Forenames *:	
	Takashi	
	Surname:	
	Y a m a d a	
* See Note 1	Previous name *:	
	Usual residential address:	
Address Line 1	2 5 Terrano House	
Address Line 2	4 0 M e 1 1 i s s A v e n u e	
	4 0 M C I I I I S S M V C M C C	_
Post town	K e w	
County/region	S u r r e y	
		_
	Postcode:	
	T W 9	

	Appointment (continued)	642(1)(b) Page 2												
Please complete all remaining boxes on	Date of birth † (DD/MM/YYYY):													
this form legibly, in CAPITAL LETTERS and in Black Ink.	2 6 1 1 1 9 5 5													
Please leave a blank box to indicate a	Nationality †:													
space. Use a separate row for	Japanese													
each address line. Please do not fold this form.	Business occupation †:													
this form.	D i r e c t o r													
	Other directorships †:													
	Yes No													
‡ See Note 2	Other directorships detail ‡:													
	Consent signature													
	Signed: Date (DD/MM/YYY	Y):												
	Signed: Date (DD/MM/YYY ≥ ≥ ≥ 0 / 2 0 0	7												
	A serving director etc. must also sign the form on page 4													
(This includes any	Posignation													
form of ceasing to hold office e.g. death	Resignation													
or removal from office.)	Date of resignation (DD/MM/YYYY):													
Please mark the appropriate box. If	Resignation etc. as director													
resignation etc. is as director and secretary mark both boxes.	Resignation etc. as secretary													
* See Note 1	Forenames *:													
	Surname:													
	Date of birth † (DD/MM/YYYY):													
	If cessation is other than resignation please state reason (e.g. death):													
† Directors only														

Complete this section in all cases where	Change of Particulars	2(1)(b) Page 3
particulars have changed and then the appropriate section	Date of change of particulars (DD/MM/YYYY):	
below, i.e. Change of name.		
Please mark the appropriate box. If change of particulars	Change of particulars as director	
etc. is as director and secretary mark both	Change of particulars as secretary	
boxes. * See Note 1	Forenames *:	
Names previously notified to Companies	Surname:	
Registry.		
	Date of birth † (DD/MM/YYYY):	
(enter new name).	Change of name:	
* See Note 1	Forenames *:	
	Surname:	
(enter new address).	Change of usual residential address:	
Address Line 1		
Address Line 2		
Post town		
rostrown		
County/region		
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS	Postcode:	
and in Black Ink. Please leave a blank	Country:	
box to indicate a space. Use a separate row for each address line. Please do not fold		
this form.		

† Directors only

Change of Particulars (continued)

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

serving director/secretary etc. must also sign the form below					
Counter signature A serving director/secretary etc. must also sign the form below Signed: Date (Di Counter signature	D/MN	M/Y Z C	7Y) 20	1): 	

To whom should Companies Registry direct any enquiries about the information on this form? Contact name:

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ddress Line 2																													
Post town	L	0		n	d	0	n																						
County/region																													

Postcode:

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Tel:

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Notes

1. Show all full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

2. In the case of an individual who has no business occupation but holds other directorships, give particulars of them.

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was

- dormant
- a parent company which wholly owned the company making the return
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.