6 Change of director or secretary or change of particulars



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	Appointment (continued)	296 Page :
Please complete all remaining boxes on	Date of birth † (DD/MM/YYYY):	
this form legibly, in CAPITAL LETTERS and in Black Ink.	030664	
Please leave a blank box to indicate a	Nationality †:	
space. Use a separate row for	92154	
each address line. Please do not fold	Business occupation †:	
this form.	HEALTH DEJELOPMENT MANAGER	
	Other directorships †:	
	Yes No	
‡ See Note 2	Other directorships detail ‡:	
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	Consent signature	7
	I consent to act as directory/secretary of the above named company	
	Signed: Date (DD/MM/YYYY):	
	10/and 110000	
	A serving director etc. must also sign the form on page 4	
(This includes any form of ceasing to	Resignation	
hold office e.g. death or removal from	Data of vacing stion (DD/MMACCOCK).	
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 particulars have	Change of Particulars	296 Page 3
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 as director	
change of particulars etc. is as director and secretary mark both	Change of particulars as secretary	
boxes. * See Note 1	Forenames *:	
Names previously notified to Companies		
Registry.	Surname:	$\neg \neg \neg$
	Date of birth † (DD/MM/YYYY):	لسلسك
(enter new name).	Change of name:	
* See Note 1	Forenames *:	
	Surname:	
(enter new address).	Change of usual residential address:	
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Address Line 2		
Post town		1111
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County/region		
Please complete all	Postcode: Country:	
remaining boxes on this form legibly, in CAPITAL LETTERS		
and in Black Ink. Please leave a blank box to indicate a space. Use a	Other change (please specify):	
separate row for each address line.		TTT
Please do not fold this form.		
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	A serving director/secretary etc. must also sign the form overleaf	

† 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.

	· - ·
Counter signature	
A serving director/secretary etc. must also sign the form below	
Signed:	Date (DD/MM/YYYY):
Theres Seas	140297
(by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate)	

After signing please return the form to : Companies Registry 1st Floor, Waterfront Plaza 8 Laganbank Road Belfast BT1 3LX

To whom should Companies Registry direct any enquiries	Contact name:
about the information on this form?	
Address Line 1	4NITICUNIST HER REDEEMEN
Address Line 2	CHAPELLAGNOREDAIVE DUNGURRY
Post town	BELFAST
County/region	ANTRIM
	Postcode:
	BTI7 OGP
	Tel:

Notes

 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. 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. $\,$