

OS AP05

Appointment by an overseas company of a person
authorised to represent the company as a
permanent representative in respect of a
UK establishment



Companies House

☒ **What this form is for**
You may use this form to appoint
a person authorised to represent
the company in respect of the UK
establishment

☐ **What this form is NOT for**
You cannot use this form for
any other appointment

For further information please



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13/10/2014

#159

COMPANIES HOUSE

1 Overseas company details

Company number **F C 0 0 7 3 1 2**

Company name in full or alternative name as registered in the UK **Finnair Oyj**

2 UK establishment details

UK establishment number **B R 0 0 9 6 1 0**

UK establishment name in full **Finnair Oyj**

3 Date of appointment of new person authorised

Date of appointment **0 9 / 1 0 / 2 0 1 4**

4 Details of new person authorised

Title*
Full forename(s) **Fredrik Karl Gosta**
Surname **Charpentier**
Former name(s) ¹

1 Former name(s)
Please provide any previous names
which have been used for business
purposes in the past 20 years

Married women do not need to give
former names unless previously used
for business purposes

Continue in Section 8 if required

5 Service address of new person authorised ²

Please complete the service address below. You must also complete the usual
residential address of the person authorised in Section 5a

Building name/number **2**
Street **Queen Caroline Street**
Post town **London**
County/Region
Postcode **W 6 9 D X**
Country **United Kingdom**

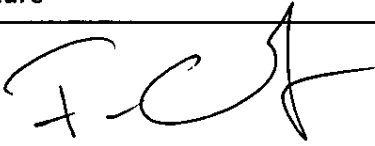
2 Service address
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

If you provide your residential
address here it will appear on the
public record.

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6	Authority of new person authorised	
	Please enter the extent of your authority as person authorised Please tick one box	
Extent of authority	<input type="checkbox"/> Limited ❶ <input checked="" type="checkbox"/> Unlimited	❶ If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below ❷ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below
Description of limited authority, if applicable	Are you authorised to act alone or jointly? Please tick one box <input checked="" type="checkbox"/> Alone <input type="checkbox"/> Jointly ❷	
If applicable, name(s) of person(s) with whom you are acting jointly		

7	Signature	
Signature	<div>Signature</div> <div>X  X</div>	
	This form may be signed and authorised by Director, Secretary, Permanent representative	

8	Additional former name(s) (continued from Section 4)	
Former name(s) ❶	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	❶ Additional former name(s) Use this space to enter any additional names