

296

This form should be completed in black

Company Number

Company Name

Change of director or secretary or change of particulars

| CN NI 41115 | | | | |
|--|--|--|--|--|
| CALLENDER STREET TROTEES. | | | | |
| _ | | | | |
| | | | | |
| | | | | |
| DA 1 14 110 2101014 | | | | |
| Please mark the appropriate box. | | | | |
| cs If the appointment is as director and secretary mark both boxes. | | | | |
| | | | | |
| MR | | | | |
| JOHN ANIHOMY THENT | | | | |
| S. AND WINESTMENT | | | | |
| GOM 5 001 2014 | | | | |
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| AD 29 LYMOSA MEASONS | | | | |
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| The state of the s | | | | |
| OC INDEPENDANT FINANCIAL ADVISER | | | | |
| NOWE | | | | |
| | | | | |
| | | | | |
| I consent to act as director/secretary of the above named company | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Signed Date Date | | | | |
| • | | | | |

Appointment

(Turn over page for resignation and change of particulars).

Date of appointment

Appointment of director

NOTES

Appointment of secretary

Show the 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

Name *Style/Title

Forenames

Sumame

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.

Previous forenames

Previous surname

Usual residential address

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

Post town

County/Region

Other directorships

Postcode

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 a company which either is, or at all times during the past five years when the person was a director,

Date of birth†

Business occupation†

Other directorships†

was

- dormant

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

Consent Signature

* Voluntary details † Directors only

A serving director etc. must also sign the form overleaf.

| 7 | | | |
|--|--|---|---|
| | Resignati | | |
| | (This include: form of ceasi | | DR |
| | hold office e.g death or remo from office). | | Please mark the appropriate box. If change of particulars etc., is as director and |
| | Resignation etc. as secretary Forenames Surname | | secretary mark both boxes |
| | | | |
| | | | |
| | Date of birth (directors only) | | DO , , , , , , , |
| | If cessation is other than resignation, please state reason (e.g. death) | | |
| | | | |
| | CHANGE OF PARTICULARS | | |
| | - · · | Date of change of particulars | DC |
| | have changed and then the | Change of particulars as director | Please mark the appropriate box. If change of particulars etc., is as director and |
| | | Change of particulars as secretary | secretary mark both boxes |
| | |) | |
| | | Forenames (names previously notified to Companies | • |
| | appropriate section | Surname Registry) | |
| | below. | Date of birth (directors only) | DO |
| | | L Date of birth (directors only) | |
| | Change of name Forenames | | NN |
| (enter new name) Surname Change of usual residential address (enter new address) | | , | |
| | | nge of usual residential address | AD |
| | | (enter new address) | |
| | | | |
| Post town | | Post town | |
| County/Region Postcode | | County/Region | |
| | | Postcode | Country |
| | Other Chang | e (please specify) | · |
| | | | A serving director / secretary etc. must also sign the form below |
| | | | B |
| Sig | | Signature | Signed Date 14/10/04 |
| | After sign | ning please return the form to | (by a serving director / secretary / administrator / administrative |
| | the Registrar of Companies at | | receiver). (Delete as appropriate) |
| | Waterfront Plaza, 8 Laganbank Road, | | |
| Belfast BT1 3BS | | BT1 3BS | BDO STOY HAWARD |
| | | should Companies Registry any enquiries about the | LWODAY HODE |
| | | on shown on this form? | 10 CALIENDER ST Postcode BTI SAN |
| | | | Telephone 018 90 439009 Extension |
| | | | Telephone |