

Please complete in typescript, or in bold black capitals.

**APPOINTMENT of director or secretary** (NOT for resignation (use Form 288b) or change

| CHFP000  |  |  |   |                       | OŦ          | parti        | cuia        | rs (u        | se ro   | orm   | 288C)) |   |      |  |
|--|--|--|---|-----------------------|-------------|--------------|-------------|--------------|---------|---|--------|---|------|--|
| Company Number   |  |  |   | 30736                 |             |              |             |              |         |   |        |   |      |  |
| Con  | W. EAPEN LILLEY, COLZ  |  |   |                       |             |              |             |              |         |   |        |   |      |  |
|  |  | Date of appointment  | Day   | Mon                   | $\neg \neg$ | Year         |             | †Dat<br>Birt | te of [ | Day   | Month  |   | Year |  |
| Appointment form   | Appointn   | Γ  |   |                       | \_          | as secretary |             |              | Please  | mark the appropriate box. If appointmen<br>ector and secretary mark both boxes. |        |   |      |  |
|  | NAME   | *Style / Title   | MRS *HO   |                       |             | *Hono        | Honours etc |              |         |   |        | } |      |  |
| Notes on completion appear on reverse.   |  | Forename(s)  |   | 097                   | RICI        | A E          | 412         | IZ A BETH    |         |   |        |   |      |  |
|  |  | Surname  | RICHARDS  |                       |             |              |             |              |         |   |        |   |      |  |
|  |  | Previous [<br>Forename(s)  | Previous<br>Surname(s)  |                       |             |              |             |              | I .     | CAMPING.  |        |   |      |  |
|  | Us   | ual residential [<br>address   | I OO CHEARETH DAAN RAARINGTON   |                       |             |              |             |              |         |   |        |   |      |  |
| Post town  |  |  |   | CAMBAIDGE Post        |             |              |             |              | Postc   | tcode C 32 55 B   |        |   |      |  |
| County / Region  †Nationality  †Other directorships (additional space overleaf)  Consent signature                               |  |  | Co  |                       |             |              |             | Cou          | puntry  |   |        |   |      |  |
|  |  |  | †Business occupation COMPANY  |                       |             |              |             |              |         |   |        |   |      |  |
|  |  |  |   |                       |             |              |             |              |         |   |        |   |      |  |
|  |  |  | Consent to act as ** director / secretary of the above named company                  |                       |             |              |             |              |         |   |        |   |      |  |
| * Voluntary details.   |  |  | P.E. Marun. Date 12.7.2001  |                       |             |              |             |              |         |   |        |   |      |  |
| † Directors only.  **Delete as appropriat  | ė  |  | A director, secretary etc must sign the form below.                                   |                       |             |              |             |              |         |   |        |   |      |  |
|  |  | Signed   |   |                       |             |              |             | L            | 12-7    |   |        | — |      |  |
|  |  | (**a director / secretary / administrator / administrative receiver / receiver manager / receiver) |   |                       |             |              |             |              |         |   |        |   |      |  |
| Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should |  |  | AGENTS - GRIFFIN CHARMAN ROT80422/ANC   |                       |             |              |             |              |         |   |        |   |      |  |
|  |  |  | STMARTING HOUSE, 63, WEST STOCKWELL STREET  COLCHESTER  ESSEX COINE Tel 012 06 771000 |                       |             |              |             |              |         |   |        |   |      |  |
| contact if there is any query.   |  |  |   | DX number DX exchange |             |              |             |              |         |   |        |   |      |  |
| Th:  | When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CE14 3LIZ, DX 33050 Cardiff |  |   |                       |             |              |             |              |         |   |        |   |      |  |

Companies House, Crown Way, Cardiff, CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in England and Wales

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh

Form revised July 1998

**COMPANIES HOUSE** 

0558

20/07/01

|                   | Company Number                   |  |             |      |      |
|-------------------|----------------------------------|--|-------------|------|------|
| † Directors only. | <sup>†</sup> Other directorships |  |             | <br> | <br> |
|                   |                                  |  |             |      | <br> |
|                   |                                  |  | <br>        | <br> | <br> |
|                   |                                  |  | <br>        | <br> | <br> |
|                   |                                  |  | <br><u></u> | <br> |      |

## **NOTES**

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 residential line.

Give previous forenames or surname(s) except:

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

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

## Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

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

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