'Laserform' Package: by Laserform International Ltd. 288a

Please complete in typescript,

**APPOINTMENT of director or secretary** 

or in bold black capitals.			•		s (use Fo			(00 <i>D)</i>	Of Citali	ge			
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Company Number			89740	5									
Company Name in full			Disabled Drivers' Association										
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	NAME	*Style / Title	*Honours etc										
Notes on completion appear on reverse.		Forename(s)	MOBIL	ISE (	ORGANIS	ATI	ON						
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†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Orde granted under the provisions of section 723B of the Companies Act 1985	Usı	ual residential address ††	23 Co	tting	gham Wa	ıy							
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	' (	Northants					Country	ntry England					
		†Business occupation											
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* Voluntary details. † Directors only.	Consent signature		Se Henrem				Date	09.		_			
**Delete as appropr	iate	A director, secretary etc must sign the form below.											
	Signed		Demf.			Date	9.1	2.0	5 				
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give will be visible to searchers of the public record.			DX n	Tel 0207 5517777  DX number DX 42609 DX exchange Cheapside 1									
	When you have completed and signed the form please send it to the												

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COMPANIES HOUSE 19/01/2006

Laserform International 6/02

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 Edinburgh