

Please complete in typescript, or in bold black capitals. CHFP001

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

	Company Number	2590394		
Appointment form Notes on completion appear on reverse.	Company Name in full	Salem Place Management Company Limited		
		Day Month Year		av Month Year
	Date o	t 1 1 1 2 2 0 0 1 of Bir	erth 2	ay Month Year 7 0 2 1 9 4 4 the appropriate box. If appointment is
	Appointment as director NAME *Style / Title	A as scoreially	as a director a	nd secretary mark both boxes.
	•	Andrea Mary		
	Surname	Scott		
	Previous Forename(s)	Previous CHETWOOD Surname(s)		
	Usual residential address	15 Salem Place Shepherd Street		
	Post town	Northfleet	Postcode	DA11 9QA
	County / Region	Kent	Country	
	†Nationality	6 ritish †Business occ	cupation	retired physiotherapist
* Voluntary details.	†Other directorships (additional space overleaf)	None I consent to act as ** director / scxxxxxxxxx the above named company		
	Consent signature	Andrea M. Scott	Date	12.4.02.
† Directors only. ** Delete as approx	oriate Signed	A director, secretary etc must sign the	Date	09/04/2002
telephone number the person Co	he name, address,	49/50 Windmill Street		
	rnoer and, if available, rand Exchange of ompanies House should re is any query	Gravesend Kent DA12 1BG Tel		
	, 1,	DX number DX exchang	ge	
A20 *A14TGA31* 0145 COMPANIES HOUSE 19/04/02		When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh		

for companies registered in Scotland