

Please complete in typescript, or in bold black capitals.

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

| CHFP000 | of particulars (use Form 288c)) | | | | | | | | | | | |
|---|--|---|---------------------------------|-----------|--------------|----------|-------------|----------------------------|-----------|---------------------------|-------|--|
| C | Company Number | 02876154 | | | | | | | | | | |
| Comp | DEANS PHARMACY LTD | | | | | | | | | | | |
| | Data of | Day N | Month | Year | | †Date | o of 1 | Day | Month | , | Year | |
| | Date of appointment | OIL | 0 6 6 | 200 | 4 | Birth | | | | | 1 1 | |
| Appointment A | | | as secr | etary | / | | | appropriate secretary m | | ppointment is n boxes. | | |
| | AME *Style / Title | | | | | *Honou | ırs etc | | | | | |
| Notes on completion appear on reverse. | Forename(s) | | | | | | · | | | | | |
| | Surname | SCHOLES (CHEMISTS) LTD | | | | | | | | | | |
| | Previous Forename(s) | Previous Surname(s) | | | | | | | | | | |
| th Tick this box if the address shown is a service address for | †† Usual residential address | PO Gox 20th, Lynstoin House, Lynstein Way, Lowar | | | | | | | | | | |
| the beneficiary of a Confidentiality Order | Post town | | TOW | | | | Postc | | 816 | 45/1 | | |
| granted under the provisions of section 723B of the Companies Act 1985 | County / Region | GREAT | TER 1 | MANCI | 101 | EL | Cou | ntry [| ENG | IAN | 0 | |
| Somparies Act 1999 | †Nationality | BRITISM †Business occupation | | | | | | | VEMIST | RET | MUELS | |
| (addi | | | | | | | | | | | | |
| (auu | I consent | t to act a | s ** direc | tor/s | ecretary | y of the | e abov | e named | comp | oany | | |
| * Voluntary details. | λ |) V | 0 | ··· | | Da | te | 24/01 | 105 | . . | | |
| † Directors only. **Delete as appropriate | A direct | A director, secretary etc must sign the form below. | | | | | | | | | | |
| | Signed | X | 10 | V/ | | | Da | Ĺ | 24/01 | 105 | • | |
| You do not have to information in the box | (**a director | /secretary | administrat | tor / adm | ninistrative | receive | r / receive | er manager | / receive | er) | | |
| do, it will help Cor contact you if there | mpanies House to | | <u> </u> | | | | | | | | | |
| | Tel | | | | | | | | | | | |
| | DX number DX exchange | | | | | | | | | | | |
| A05 COMPANIES HOUSE HEREIN HEREI HIE HELL HIE **AMD1 | When you have completed and signed the form please send it to the Registrar of Companies at: | | | | | | | | | | | |
| A21 COMPANIES HOUSE | • | | i se, Crow gistered i | | - | | | Z DX or | 3305 | 0 Cardiff | | |

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

DX 235 Edinburgh

for companies registered in Scotland

| | Company Number | |
|-------------------|----------------------------------|---|
| † Directors only. | [†] Other directorships | • |
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| | | |

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.