

Please complete in typescript,

APPOINTMENT of director or secretary

or in bold black capitals		(NOT for resignation (•
CHFP029	Company Number		rs (use Form 28	50C))
•	Company Name in full	Boots Health & Beauty Limited		
Appointme form	Date of appointment nt Appointment as director	t 2 0 1 0 2 0 0 1	†Date of Birth 2 6	Month Year 0 1 1 9 6 2 appropriate box. If appointment is secretary mark both boxes.
Notes on completic appear on reverse.	NAME *Style / Title	MR	*Honours etc	
	Forename(s)	JONATHAN STUART		
	Surname	SINCLAIR		
	Previous Forename(s)	Previous Surname(s) 57 HALLFIELDS, EDWALTON		
	Usual residential address			
Post town County / Region †Nationality		NOTTINGHAM	Postcode	NG12 4AA
		1	Country	
		y BRITISH	†Business occupation	DIRECTOR
	†Other directorships (additional space overleaf)	CEE CONTINUATION FACE		
	consent to act as ** director / secretary of the above named co			
	Consent signature	e Ollo) Date	2 9 OCT 2001
* Voluntary details. † Directors only. **Delete as appropria	^{ate} Signed	A director, secretary etc mus	t sign the form below Date	7.9 OCT 2001
		(** 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		SONIA FENNELL, THE BOOTS COMPANY PLC, GROUP HEADQUARTERS, NOTTINGHAM, ., NG2 3AA		
			T. I. 0445 000 7004	

contact if there is any query.



Form revised July 1998

Tel 0115-968 7094 DX number 712061 DX exchange BEESTON 2

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

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

for companies registered in Scotland

DX 235 Edinburgh

Company Number

† Directors only.

† Other directorships

3728115

BHI SERVICE BUREAU LIMITED

BOOTS HEALTHCARE (CIS) LIMITED

BOOTS HEALTHCARE (GB) LIMITED

BOOTS HEALTHCARE (MEMA) LIMITED

BOOTS HEALTHCARE CENTRAL & EASTERN EUROPE LIMITED

BOOTS HEALTHCARE INTERNATIONAL LIMITED

BOOTS INSURANCE SERVICES LIMITED

BOOTS OPTICIANS LIMITED

BOOTS STORES LIMITED

BOOTS THE CHEMISTS (JERSEY) LIMITED

BOOTS THE CHEMISTS LIMITED

BOOTSPHOTO.COM LIMITED

CANTON & RIVERSIDE CENTRE LIMITED

CROOKES HEALTHCARE LIMITED

DO IT ALL (HOLDINGS) LIMITED

DO IT ALL LIMITED

OPTREX LIMITED

PROUDS LANE PHARMACY LIMITED

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

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.