

288a

APPOINTMENT of director or secretary

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Please complete in typescript, or in bold black capitals.		(NOT for resignation change of particular change of particular change ch						
CHFP010	Company Number		3999465					
Company Name in full		WILLIS GROUP MEDICAL TRUST LIMITED						
			Day Month	Year	_	Day	Month Year	
Appointment form	D appoir	ate of itment	212 019 2	2008		211	111 (19161)	
Notes on completion appear on next page.	Appointment as d	irector	as s	ecretary			propriate box. If appointment acretary mark both boxes.	
	NAME * Style	/ Title	MR	•	Honours etc			
Forename(s) Surname			SHAUN KEJIN					
			BRYAN	5				
Previous forename(s)					Previous surname(s)			
Usual residential address			22 SEALLE WAY, EIGHT ASH CREEN					
Post town			COLCHESTER		Posto	ode	عه 3 مامت	
County / Region			EZEX		Cou	intry [ENGLAND	
	† Nati	onality	BRITISH		† Business occupation	CHP	RTERED SECRET	
† Other directorships (additional space next page)								
			I consent to act as ** director / se cretary of the above named compa ny					
Consent signature			× Rome			Date		
* Voluntary details. † Directors only.			A director, secreta	ıry etc must	sign the form	n belo	ow.	
** Please delete as a	appropriate Signed		× Ame			Date		
			(**a director /.secreta ry.	/ administrator /	administrative re	ooivor-	-receiver manager-/-reseiver)	

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.



DX number DX exchange

When you have completed and signed the form please send it to the

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

Tel

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh