

In accordance with Sections 114, 162, 228, 237, 275, 358, 702, 720, 743, 805, 809, 859Q, 877 and 892 of the Companies Act 2006.

# AD02

# Notification of single alternative inspection location (SAIL)

BLUEPRINT

OneWorld

You can use the WebFiling service to file this form online. Please go to www.companieshouse.gov.uk

What this form is for

You may use this form to tell us the address of an alternative inspection location where company records may be kept for inspection.

What this form is N You cannot use this t♀ the address of a loca of the part of the Un where the company



80A 24/08/2018 **COMPANIES HOUSE** 

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| 1                    | Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | detail    | s                                                                                                          |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Company number       | 4 6 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1         | → Filling in this form  Please complete in typescript or in bold black capitals.                           |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
| Company name in full | JAYDONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LIMIT     |                                                                                                            |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                            |                                                                                                                                                                                                                                                        |                                   | All fields are mandatory unless specified or indicated by *                                                                           |
| 2                    | Address o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | f the s   | ingle a                                                                                                    | ilter                                                                                                                                                                                                                                                  | native inspection location (SAIL) |                                                                                                                                       |
|                      | This is the action for the inspe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           | ● Important The SAIL must always be in the part of the United Kingdom in which your company is registered. |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
| Building name/number | The Comp                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | any's     |                                                                                                            |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
| Street               | records have moved to the S. form AD03 'Change of location the company records to the salternative inspection location and the company records to the salternative inspection location the salternative inspection location and the salternative inspection location the salternative inspection the salternative inspection location the salternative inspection th |           |                                                                                                            |                                                                                                                                                                                                                                                        |                                   | You need to notify which company records have moved to the SAIL on form AD03 'Change of location of the company records to the single |
| Post town            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                            |                                                                                                                                                                                                                                                        |                                   | alternative inspection location (SAIL)'. If you have not previously                                                                   |
| County/Region        | filed form AD03, please file one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                                                                            |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
| Postcode             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                                                                                                            | $\overline{\Box}$                                                                                                                                                                                                                                      |                                   |                                                                                                                                       |
| 3                    | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |           | <del></del>                                                                                                |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
|                      | I am signing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | this for  | O Societas Europaea                                                                                        |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |
| Signature            | Signature  X  This form ma  Director 9, So                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ecretary, | Person-                                                                                                    | If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.  Person authorised Under either section 270 or 274 of the Companies Act 2006. |                                   |                                                                                                                                       |
|                      | Administrati<br>and manage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ve receiv | -                                                                                                          |                                                                                                                                                                                                                                                        |                                   |                                                                                                                                       |



#### AD02

Notification of single alternative inspection location (SAIL)

## Presenter information

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

| Contact name  |                       |  |  |  |  |  |  |
|---------------|-----------------------|--|--|--|--|--|--|
| Company name  | BOLA ABIOYE           |  |  |  |  |  |  |
|               |                       |  |  |  |  |  |  |
| Address       | UNIVERSAL MUSIC GROUP |  |  |  |  |  |  |
|               | 4 Pancras Square      |  |  |  |  |  |  |
|               |                       |  |  |  |  |  |  |
| Post town     | London                |  |  |  |  |  |  |
| County/Region |                       |  |  |  |  |  |  |
| Postcode      | N 1 C 4 A G           |  |  |  |  |  |  |
| Country       | United Kingdom        |  |  |  |  |  |  |
| DX            |                       |  |  |  |  |  |  |
| Telephone     |                       |  |  |  |  |  |  |

### ✓ Checklist

We may return forms completed incorrectly or with information missing.

# Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- You have provided the address of the single alternative inspection location in section 2.
- ☐ The address provided is in the part of the UK where the company is registered.
- ☐ You have signed the form.

#### Important information

Please note that all information on this form will appear on the public record.

#### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales: The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

For companies registered in Scotland: The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland: The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

### Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk