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Please complete in typescript,

APPOINTMENT of director or secretary

(NOT for resignation (use Form 288b) or change

or in bold black c	apıtals	of particulars (use Form 288c))
CHWP000	Company Number	05877093
Company Name in full		NIGHT ROBIN RTM COMPANY LIMITED
	Date of	Day Month Year Day Month Year 0 8 0 4 2 0 0 8 Burth
Appointment form Notes on completion appear on reverse	appointment	Please mark the appropriate box if appointment is
	_	as secretary Please mark the appropriate box if appointment is as a director and secretary mark both boxes
	NAME *Style / Title	*Honours etc
	Forename(s)	Glorial dans
	Surname	17P/JOP
	Previous Forename(s)	Previous Surname(s)
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	tt Usual residential address	24 GANDN VALE
	Post town	HIGH WYCOMBE Postcode HP13 5LG
	County / Region	BUCKINGHAMSHIRE COUNTRY UK
	†Nationality	BRMSH TBUSINESS OCCUPATION GOLF PROFETSIONAL
(a	†Other directorships dditional space overleaf)	I consent to act as ** director / secretary of the above named company
* Mahama datada	Consent signature	Salas Date 5/5/08
* Voluntary details † Directors only **Delete as appropriate Signed		A director, secretary etc must sign the form below
		Date 5/5/8
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.		Tel DX number DX exchange
URDAY		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

10/05/2008 A52 10 **COMPANIES HOUSE**

for companies registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2