

AP01

Appointment of director



Companies House



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☒ **What this form is for**
You may use this form to appoint
an individual as a director.

☐ **What this form is NOT for**
You cannot use the form to appoint
a corporate director. To do this,
please use form AP02 'Appointment
of corporate director'.

WEDNESDAY



A29 24/05/2017 #426
COMPANIES HOUSE
A67413NV
A17 01/03/2017 #390
COMPANIES HOUSE
A619PYY0

1 Company details

Company number 0 9 2 8 5 7 2 1

Company name in full CARE PLAN AND TRAINING SOLUTIONS LIMITED
(CPT SOLUTIONS) LIMITED

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 Date of director's appointment

Date of appointment d 0 d 1 m 0 m 3 y 2 y 0 y 1 y 7

3 New director's details

Title* MRS
Full forename(s) ESTHER MUTHONI
Surname KIMANI
Former name(s) ① N/A
Country/State of residence ② UNITED KINGDOM
Nationality BRITISH
Month/year of birth ③ X X m 0 m 6 y 1 y 9 y 5 y 7
Business occupation (if any) ④

① **Former name(s)**
Please provide any previous names
(including maiden or married names)
which have been used for business
purposes in the last 20 years.

Continue in section 7 if required.

② **Country/State of residence**
This is in respect of your usual
residential address as stated in
section 4a.

③ **Month and year of birth**
Please provide month and year only.
Provide full date of birth in
section 3a.

④ **Business occupation**
If you have a business occupation,
please enter here. If you do not,
please leave blank.

4 New director's service address ⑤

Please complete your service address below. You must also complete your usual
residential address in Section 4a.

Building name/number 12
Street CROSSWAY POINT
NORWOOD ROAD
Post town READING
County/Region BERKSHIRE
Postcode R G 1 3 L F
Country UNITED KINGDOM

⑤ Service address

This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

Please state 'The Company's
Registered Office' if your service
address is recorded in the company's
register of directors as the
company's registered office.

If you provide your residential
address here it will appear on the
public record.

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Consent to act as director

Please tick the box to confirm consent.



The company confirms that the person named in section 3 has consented to act as a director of the company named in section 1.

6

Signature

I am signing this form on behalf of the company.

Signature

Signature



This form may be signed and authorised by:

Director ^①, Secretary, Person authorised ^②, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor.

^① **Societas Europaea**

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.

^② **Person authorised**

Under either section 270 or 274 of the Companies Act 2006.

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Additional former names (continued from Section 3)

Former names ^①

^① **Additional former names**

Use this space to enter any additional names.

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**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 MARGARET SIMIYU

Company name CARE PLAN AND TRAINING

SOLUTIONS LIMITED

Address 12 CROSSWAY POINT

NORWOOD ROAD,

Post town READING

County/Region BERKSHIRE

Postcode R G 1 3 L F

Country UNITED KINGDOM

DX

Telephone 07988210503

**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 completed the date of appointment.
- ☐ You have included all former names used for business purposes over the last 20 years.
- ☒ You have completed the nationality box.
- ☒ You have provided the month and year of birth in section 3.
- ☐ You have provided a business occupation if you have one.
- ☒ You have provided your full date of birth in section 3a.
- ☒ You have provided both the service address and the usual residential address.
- ☒ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- ☐ You have enclosed a relevant section 243 application if applying for this at the same time as completing this form.
- ☒ You have ticked the consent to act statement.
- ☒ You have signed the form.

**Important information**

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth.

**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.

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:
The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE.

**Further information**

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

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