

BR6

CHWP000

This form should be completed in

black

This notice must be delivered to the Registrar within 21 days of the alteration being made

Company number

Company name

Branch name (if different to corporate name)

Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Day

Date of termination

(Mark appropriate box(es))

Position vacated

FC001835	Branch number BR01018
Citibank, N A	

Month

Year

Person authorised to accept service

Person authorised to represent the company

on the company s behalf

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch

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.

(10/03)

Jill Robson
Citigroup Centre, Canada Square, Canary Wharf, London E14 5LB
Tel

When completed, this form should be delivered to the address on page 4



A32

02/05/2008 COMPANIES HOUSE

316

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APPOINTMENT Persons authorised to represent the company or who may accept service or process Give the name and address of

Give the name and address of the person appointed, together with the date of appointment Mark the box(es) relevant to the appointment If the appointment is to both positions mark both boxes

the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised (e.g. whether they are limited to powers expressly conferred by the instrument of appointment, or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title					
Forenames	Jill Denise				
Surname	Robson				
Address #	36 Wyeths Road				
Address ··					
Post town	Epsom				
County / Reg	gion Surrey Postcode KT17 4EB				
* AND/OR	orised to accept service of process on the company's behalf				
Date of app	Day Month Year ointment 0, 1 0,5 2,0,0,8				
Is # AND/OR Is #	Authorised to accept service of process on the company's behalf Authorised to represent the company in relation to that business of the authority to represent the company is - (give details)				
	ers -				
OR	May be exercised alone Must be exercised with - (Give name(s) of co-authorised person(s))				

CHANGE OF	Day Month Year
PARTICULARS	
	Date of
Mark the appropriate	
box If change relates	Change of particulars of person authorised to accept service
to both positions mark	
both boxes	Change of particulars of person authorised to represent the company
Change Name previously	Forenames
of name notified to	
Companies House	Surname
	Surname
	Forenames
New name	
	Surname
t	
Change of residential address **	Address
(enter new address)	
Tick this box if the	
address shown is a	
service address for	Post town
the beneficiary of a Confidentiality Order	
granted under the	County / Region Postcode
provisions of section	
723B of the	Country
Companies Act 1985	
Change of authority to act	
(this part does not apply to a	The extent of the authority of the above person to represent the company
person authorised to accept service on behalf of the company)	has been altered to - [give details]
service on behalf of the company)	
Give brief particulars of any	
change in the authority of	
the officer to represent the	
company, including any alteration	
to the manner in which the existing or new powers may	
be exercised (e.g. requiring	
them to be exercised with	
other persons)	The powers -
	# May be exercised alone
U Marula amananana la arr	OR
# Mark appropriate box	
	# Must be exercised with (Give name(s) of co-authorised person(s))
	# Must be exercised with (Give name(s) of co-authorised person(s))
and the proof of the second of	# Must be exercised with (Give name(s) of co-authorised person(s))
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	# Must be exercised with (Give name(s) of co-authorised person(s))
Signature	AMO
	# Must be exercised with (Give name(s) of co-authorised person(s)) Signed (director / Secretary)
	Signed
	Signed(director/ Secretary

When completed, this form should be delivered to -

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardi **f** CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB

DX 235 Edinburgh or LP - 4 Edinburgh 2