



**Companies House**

— for the record —

# BR6

This form should be completed in black.  
This notice must be delivered to the Registrar within 21 days of the alteration being made.

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

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

Company number

FC18009

Branch number

BR 2484

Company name

JAMES. P. JONES + SON LIMITED

Branch name

(if different to corporate name)

### TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

15 09 97

Position vacated

(Mark appropriate box(es))



Person authorised to accept service on the company's behalf



Person authorised to represent the company at the branch

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.

Name MR. CLIVE SMITH

Address 12 WEST END LANE

HARLINGTON LANE

To whom should Companies House direct any enquiries about the information on this form.

MR. TONY DAVIES

29 INCESTRE CLOSE

BLOXWICH

WALSLEY, W. MIDS

Tel. 01922 712517

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



A25 \*AG0JC7UM\* 462  
COMPANIES HOUSE 13/07/98

## APPOINTMENT

**Persons authorised to represent the company or who may accept service or process**

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.

\* 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

\* ~~Site~~ / Title

U.K. MANAGER

Forenames

ANTHONY LESLIE

Surname

DAVIES

Address

29 INGESTRE CLOSE

BLOXWICH

Post town

WALSALL

County / Region

WEST MIDLANDS

Postcode

WS3 3UT



Is authorised to accept service of process on the company's behalf

\* AND/OR



Is authorised to represent the company in relation to that business

Date of appointment

010797

The authority to represent the company is :-

Is #



Authorised to accept service of process on the company's behalf

\* AND/OR

Is #



Authorised to represent the company in relation to that business

The extent of the authority to represent the company is :- (give details)

TOTAL RESPONSIBILITY FOR ALL ACTIVITIES OF

THE COMPANY WITHIN THE UNITED KINGDOM

THROUGH POWERS NOW BY UK MANAGER TRUST.

These powers :-

# ☐

May be exercised alone

OR

# ☒

Must be exercised with :-

(Give name(s) of co-authorised person(s))

MR GERTY MOERN

MR COLM BURKE

BOTH BASED AT HEAD OFFICE ADDRESS IN DUBLIN,  
REPUBLIC OF IRELAND

## CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

### Change of name

Name previously notified to Companies House

New name

### Change of residential address (enter new address)

### Change of authority to act

(this part does not apply to a person authorised to accept 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)

# Mark appropriate box

Date of change

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☐

Change of particulars of person authorised to accept service

☐

Change of particulars of person authorised to represent the company

Forenames

Surname

Forenames

Surname

Address

Post town

County / Region

Postcode

Country

The extent of the authority of the above person to represent the company has been altered to :- [give details]

The powers :-

#

☐

May be exercised alone

OR

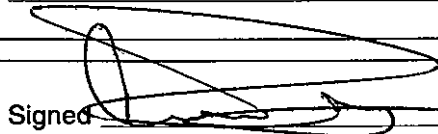
#

☐

Must be exercised with : (Give name(s) of co-authorised person(s))

Signature

Signed



A. DAVIES

\* (director / Secretary / Permanent represent)

Date

7/7/98

\* Delete as applicable

When completed, this form should be delivered to :-

For branches registered in England and Wales

The Registrar of Companies  
Companies House  
Crown Way  
Cardiff  
CF4 3UZ

For branches registered in Scotland

The Registrar of Companies  
Companies House  
37 Castle Terrace  
Edinburgh  
EH1 2EB