In accordance with Section 1046 of the Companies Act 2006 & Regulation 13 of the Overseas Companies Regulations 2009

OS AP01

Appointment of director of an overseas company



What this form is for

You may use this form to appoint an individual as a director of an overseas company

What this form is NOT for

You cannot use the form to a corporate director of an o company To do this, please OS APO2 'Appointment of cc director of an overseas comp



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17/04/2012 **COMPANIES HOUSE**

COMPANIES HOUSE

03/04/2012

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Overseas company details → Filling in this form Company number 2 5 Please complete in typescript or in bold black capitals Company name in full **ZURICH INSURANCE PUBLIC LIMITED COMPANY** or alternative name as All fields are mandatory unless registered in the UK specified or indicated by * 2 Date of director's appointment ^y0 Date of appointment New director's details Title* O Former name(s) Mr Please provide any previous names Full forename(s) Richard Michael which have been used for business purposes in the past 20 years Reid Surname Married women do not need to give former names unless previously used Former name(s) • for business purposes Country/State of Continue in Section 8 if required England residence @ Ocuntry/State of residence Nationality British This is in respect of your usual residential address as stated in ^d2 Date of birth Section 4a **O**Business occupation **Business occupation** Director If you have a business occupation, (if any) 6 please enter here If you do not, please leave blank New director's service address • Please complete your service address below. You must also complete your usual O Service address residential address in Section 4a This is the address that will appear on the public record. This does not Building name/number | 3rd Floor have to be your usual residential address Street La Touche House If you provide your residential address here it will appear on the **IFSC** public record Post town Dublin 1 County/Region Postcode Country ireland

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5	Director's authority								_
	Please enter the extent of your authority as director. Please tick one box			If you have indicated that the extent of your authority is limited places.					
Extent of authority	☐ Limited ● ☑ Unlimited		pr lu Ø If	of your authority is limited, please provide a brief description of the limited authority in the box below					w e
Description of limited	Are you authorised to act alone or jointly? Please tick one box				not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are				
authority, if applicable					son(s) sed to			ou are	2
	☑ Alone □ Jointly •		į						
If applicable, name(s) of person(s) with whom you are acting jointly									
6	UK establishments		1						
	A return must be delivered in respect of any alteration to the company particulars by each UK establishment. If, however, a company has more than UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below	one		_					
	UK establishment name	Regi	stration number						
					_				
		¦		_	_			 ¦	
		i				[¦	
7	Signature			<u> </u>	<u> </u>	<u> </u>	1 1		
Signature	Signature X	X							
	This form may be signed and authorised by Director, Secretary, Permanent representative							_	
8	Additional former name(s) (continued from Section 3)								
Former name(s) ©			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 MRS L A Stevens **ZURICH INSURANCE PLC** (UK BRANCH) Address THE ZURICH CENTRE 3000 PARKWAY WHITELEY **FAREHAM** County/Region HAMPSHIRE Pos*code **ENGLAND** Telephore Checklist We may return forms completed incorrectly or with information missing Please make sure you have remembered the following ☐ The company name and number as registered in the UK 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 in Section 3 ☐ You have provided a correct date of birth ☐ You have provided a business occupation if there is ☐ 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

Important information

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

Where to send

You may return this form to any Companies House address

England and Wales

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

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)

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

Higher protection

If you are applying for, or have been granted, higher protection, 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 companieshouse goviuk 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

You have enclosed a relevant higher protection application if applying for this at the same time as

You have entered the extent of the director's

☐ You have completed Section 6, if applicable

completing this form

authority in Section 6

☐ You have signed the form