

OS AP05

Appointment by an overseas company of a person
authorised to represent the company as a
permanent representative in respect of a
UK establishment

FRIDAY



DSR

04/12/2009
COMPANIES HOUSE

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☒ **What this form is for**
You may use this form to appoint
a person authorised to represent
the company in respect of the UK
establishment

☐ **What this form is NOT for**
You cannot use the form to make
any other appointment

For further information, please
refer to our guidance at
www.companieshouse.gov.uk

1 Overseas company details

Company number **F C 0 2 5 7 1 0**

Company name in full
or alternative name as
registered in the UK **ZURICH INSURANCE PUBLIC LIMITED COMPANY**

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

All fields are mandatory unless
specified or indicated by *

2 UK establishment details

UK establishment
number **B R 0 0 7 9 8 5**

UK establishment
name in full **ZURICH INSURANCE PUBLIC LIMITED COMPANY**

3 Date of appointment of new person authorised

Date of appointment **0 5 / 0 1 / 2 0 0 9**

4 Details of new person authorised

Title* _____

Full forename(s) **STEPHEN**

Surname **LEWIS**

Former name(s) ^① _____

① Former name(s)
Please provide any previous names
which have been used for business
purposes in the past 20 years

Married women do not need to give
former names unless previously used
for business purposes

Continue in Section 8 if required

5 Service address of new person authorised ^②

Please complete the service address below. You must also complete the usual
residential address of the person authorised in Section 5a

Building name/number **THE ZURICH CENTRE**

Street **3000 PARKWAY**

Post town **WHITELEY, FAREHAM**

County/Region **ENGLAND**

Postcode **P O 1 5 7 J Z**

Country **UNITED KINGDOM**

② Service address
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.


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

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6 Authority of new person authorised

Please enter the extent of your authority as person authorised Please tick one box		<p>① If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below</p> <p>② If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</p>
Extent of authority	<input checked="" type="checkbox"/> Limited ① <input type="checkbox"/> Unlimited	
Description of limited authority, if applicable	In accordance with a power of attorney given by overseas company	
	Are you authorised to act alone or jointly? Please tick one box	
	<input checked="" type="checkbox"/> Alone <input type="checkbox"/> Jointly ②	
If applicable, name(s) of person(s) with whom you are acting jointly	<div></div> <div></div> <div></div>	

7 Signature

Signature	<div>Signature</div> <div>X  X</div> <div>This form may be signed and authorised by Director, Secretary, Permanent representative</div>
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8 Additional former name(s) (continued from Section 4)

Former name(s) ③	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>	<p>③ Additional former name(s) Use this space to enter any additional names</p>
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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 **MRS L A STEVENS**

Company name **ZURICH INSURANCE PLC**

(UK BRANCH)

Address **THE ZURICH CENTRE**

3000 PARKWAY

Post town **WHITELEY, FAREHAM**

County/Region **ENGLAND**

Postcode

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Country **UNITED KINGDOM**

DX

Telephone



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 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 included all former names used for business purposes over the last 20 years
- ☐ You have enclosed a relevant higher protection application if applying for this at the same time as completing this form
- ☐ You have entered the extent of authority of the new person authorised in Section 6
- ☐ 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



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

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)

Northern Ireland

The Registrar of Companies, Companies House,
First Floor, Waterfront Plaza, 8 Laganbank Road,
Belfast, Northern Ireland, BT1 3BS
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.gov.uk 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