



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

FC025943	Branch number	BR008176
ACCIONA AGUA S A U		
ACCIONA AGUA S A U SU	JCURSAL UK	

Month

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Position vacated (Mark appropriate box(es))

Date of termination

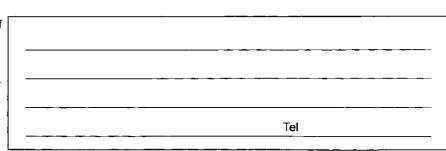
			1.]
Person a			t servic	e
Person a at the bra	d to n	epres	sent the	company

Year

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	 		
Address	 	 	
	 		

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





A11

01/04/2008 **COMPANIES HOUSE**

186

COMPANIES HOUSE

"ATTOOKNE" 01/03/2008 **COMPANIES HOUSE**

383

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

APPOINTMENT Persons authorised to represent the company or who may accept service or process Give the name and address of person appointed, together with

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

th Tick this box if the address shown is a service address for 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	Mr				
Forenames	IGNACIO				
Surname	SAN MARTIN				
Address #	BECKTON REACH STW AVDA DE LOS CHOPOS Nº 40				
	JENKING LANE-BARKING-ESSEX 48990 GETXO				
Post town	BECKTON				
County / Re	gion BECKTON SPAIN Postcode IG11 BAD				
* AND/OR	nonsed to accept service of process on the company's behalf				
Date of app	Day Month Year Dintment 2 6 0 2 2 0 0 8				
The authori	ty to represent the company is -				
ONLY BUS	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) SINESS POWERS TOGETHER WITH A RE OF THE FOLLOWING PERSONS				
*AND/OR Is # The extent of ONLY BUS SIGNATUF These pow # OR # LUIS CAST	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) SINESS POWERS TOGETHER WITH A RE OF THE FOLLOWING PERSONS Pers - May be exercised alone Must be exercised with - (Give name(s) of co-authorised person(s)) TILLA, CARLOS MARIA ARILLA, JOSUNE ASTRALAGA,				
*AND/OR IS # The extent of ONLY BUS SIGNATUF These pow # OR # LUIS CAST	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) BINESS POWERS TOGETHER WITH A RE OF THE FOLLOWING PERSONS Pers - May be exercised alone Must be exercised with - (Give name(s) of co-authorised person(s))				

CHANGE OF	Day Month Year
PARTICULARS	
Mark the appropriate	Date of
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	Our area
Companies Flouse	Surname
Γ	Forenames
New name ◄	
L	Surname
Change of residential address #	Address
(enter new address)	
†† Tick this box if the	
address shown is a service address for	Deathaum
the beneficiary of a	Post town
Confidentiality Order granted under the	County / Region Postcode
provisions of section	
723B of the Companies Act 1985	Country
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	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
	OR
# Mark appropriate box	# Must be exercised with (Give name(s) of co-authorised person(s))
	# MIGST DE EXCICISED MIGH. (One name(s) or co-annoused basen(s))
Signature	
-	Signed
	Signed Signed * (director / Sepretary / Permanent represent) 25/01/8
	/ Permanent represent)
• Color of the second	1) /0L/ 80
* Delete as applicable	Date