

## BR6

CHFP025

Please complete in typescript, or in bold black capitals.

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)

Branch number BR 00 912 5 F1027203 NO. 3 HOMES CARE

## TERMINATION OF AUTHORITY

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

See overleaf for appointments and change of particulars

Day Month Year 2 0 0 6 Date of termination Person authorised to accept service х Position vacated on the company's behalf (Mark appropriate box(es)) Person authorised to represent the company х Trevor Vaughan Castledine Name Address 22 Woodhayes Road Wimbledon London SW19 4RF

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

dive mil P 374 26/04/2007 COMPANIES HOUSE

Rachel Mortimer Three Delta LLP 25 HAnover Square

London

W1S 1JF

Tel 020 71824599

DX number

DX exchange

When you have completed and signed the form please send it to the Registrar of Companies at

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

for branches registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

or

for branches registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

## **APPOINTMENT** Persons authorised to represent the company \* Style / Title or who may accept service or process Forenames Give the name and address of the person appointed, together with the Surname date of appointment Mark the box(es) relevant to the appointment If the appointment is to both positions Address \*\* mark both boxes <sup>††</sup> Tick this box if the address shown is a service address for Post town the beneficiary of a **Confidentiality Order** County / Region \_\_\_\_\_ Postcode \_\_\_ granted under the provisions of section 723B of the Is authorised to accept service of process on the company's behalf Companies Act 1985 \* AND/OR Is authorised to represent the company in relation to that business Day Month Year \* Delete as appropriate Date of appointment The authority to represent the company is -**SCOPE OF AUTHORITY** ls # 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) 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 These powers -May be exercised alone OR Must be exercised with -(Give name(s) of co-authorised person(s))

CHANGE OF PARTICULARS	Day Month Year  Date of
Mark the appropriate box if change relates to both positions, mark both boxes	Change of particulars of person authorised to accept service  Change of particulars of person authorised to represent the company
Change Name previously of name notified to Companies House	Forenames
Companies nouse	Surname
New name	Surname
Change of residential address # (enter new address)	Address
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order	Post town
granted under the provisions of section	County / Region Postcode
723B of the Companies Act 1985	Country
Change of authority to act	
(this part does not apply to a person authorised to accept service on behalf of the company)	The extent of the authority of the above person to represent the company has been altered to - [give details]
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 - #
# Mark appropriate box	OR # Must be exercised with (Give name(s) of co-authorised person(s))
Signature	Signed Lid Dulia
	Signed Lido Willia (director / Seerchary)  / Permanent represent)  25.4 2007.
* Delete as applicable	Date