



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

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)

Company number

FL027207

Branch number

BR 009129

Company name

MMP SECURITIES NO. 12 LIMITED

Branch name
(if different to corporate name)

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 authorised to represent the company in relation to the business of the branch

See overleaf for appointments and change of particulars

Date of termination

Day		Month		Year			
1	2	1	2	2	0	0	6

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

Name Neal St John Moy

Address 1 Highberry
Leybourne
Kent
ME19 5QT

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.

Rachel Mortimer
Three Delta LLP
25 Hanover Square
London
W1S 1JF
DX number

Tel 020 71824599
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 or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for branches registered in Scotland DX 235 Edinburgh
or LP - 4 Edinburgh 2

TUESDAY



A21 *AMJSWQJC* 444
19/06/2007
COMPANIES HOUSE

Laserform International 0/05

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.

** 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 _____

Forenames _____

Surname _____

Address ** _____

Post town _____

County / Region _____ Postcode _____

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

Day	Month	Year

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)

These powers -

May be exercised alone

OR

Must be exercised with -

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

CHANGE OF PARTICULARS

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

Name previously notified to Companies House

Change of name

New name

Change of residential address ††
(enter new address)

†† 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

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			Day	Month	Year
<input type="checkbox"/>	Change of particulars of person authorised to accept service				
<input type="checkbox"/>	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 -					
#	<input type="checkbox"/>	May be exercised alone			
	OR				
#	<input type="checkbox"/>	Must be exercised with (Give name(s) of co-authorised person(s))			

Signature

Signed Russ O'Neil
* (director / secretary / permanent representative)

Date 21.2007

* Delete as applicable