

BR6

CHFP010

This form should be completed in

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)

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This notice must be delivered to the	
Registrar within 21 days of the alteration	
being made Company Number	FC027329 Branch Number BR009220
Company Name	DB JASMINE NO. 2 (CAYMAN) LIMITED
Branch Name (If different to corporate name)	
TERMINATION OF AUTHORITY	Day Month Year
	Day Month Year Date of termination
See overleaf for appointments and change of particulars	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
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 a contact information that you give will be a contact information.	Tel
ЗВАУ	

24/06/2008 COMPANIES HOUSE

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

APPOINTMENT Persons authorised to represent the company or who may accept *Style/Title service or process Give the name and Forenames address of the person appointed, together with Surname the date of appointment Mark the box(es) relevant Address †† to the appointment. If the appointment is to both positions mark both Post town boxes County/Region †† Tick this box if the address shown is a service address for Is authorised to accept service of process on the company's behalf the beneficiary of a Confidentiality Order granted under the *AND/OR provisions of section 723B of the Is authorised to represent the company in relation to that business Companies Act 1985 Month Year Date of appointment * Delete as appropriate SCOPE OF AUTHORITY The authority to represent the company is -Authorised to accept service of process on the company's behalf Give brief particulars of the extent of the powers *AND/OR exercised (e.g. whether they are limited to powers ls# Authorised to represent the company in relation to that business expressly conferred by the instrument of The extent of the authority to represent the company is - (give details) appointment, or whether they are subject to express limitations) Where the powers are exercised jointly give the name(s) of the person(s) concerned These powers -# Mark box(es) as appropriate 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 change 0 6 2 0 1 0 Change of particulars of person authorised to accept service Mark the appropriate box If change relates to both positions, mark both boxes Change of particulars of person authorised to represent the company Change of name Forenames ANDREW WILLIAM Name previously notified to Companies House Surname BARTLETT **Forenames** New name Surname Change of residential WINCHESTER HOUSE Address address †† (enter new address) 1 GREAT WINCHESTER STREET †† Tick this box if the Post town address shown is a service address for Postcode EC2N 2DB County/Region LONDON the beneficiary of a Confidentiality Order Country UNITED KINGDOM granted under the provisions of section (CHANGE OF ADDRESS FOR SERVICE OF PROCESS). The extent of the authority of the above person to represent the company has been altered 723B of the Companies Act 1985 to - [give details] 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 The powers authority of the officer to represent the company, May be exercised alone including any alteration to the manner in which the OR existing or new powers may be exercised (e.g. Must be exercised with -(Give name(s) of co-authorised person(s)) requiring them to be exercised with other persons) # Mark appropriate box Signature Signed Delete as applicable * (Director / Secretary / Perma

