



Companies House
— for the record —



NONREDACTED

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

Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

FC027385

Branch number

BR009267

Company name

TELECOMS INSURANCE SERVICES SA

Branch name
(if different to corporate name)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day Month Year

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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 visible to searchers of the public record

(10/03)

Tel

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

FRIDAY



R12D7LJ5

RCS

10/02/2012

#313

COMPANIES HOUSE

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 MR
Forenames TIMOTHY SIMON
Surname MORRIS
Address ^{††} WEY COTTAGE
WEY ROAD
Post town WEYBRIDGE
County / Region SURREY Postcode KT13 8HN

☒ 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		
0	5	1	0	2	0	7

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)

FULL AUTHORITY

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

Change of name

Name previously notified to Companies House

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

		Day	Month	Year
Date of				
<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	<i>[Signature]</i>	* (director / Secretary)
Permanent represent		
Date	6 FEBRUARY 2012	

* Delete as applicable

When completed, this form should be delivered to -

For branches registered in England and Wales

The Registrar of Companies
Companies House
Crown Way
Cardiff
CF14 3UZ

For branches registered in Scotland

The Registrar of Companies
Companies House
139 Fountainbridge
Edinburgh
EH3 9FF

DX 235 Edinburgh
or LP - 4 Edinburgh 2