In accordance with Section 1046 of the Companies Act 2006 & Regulation 13 of the Overseas Companies Regulations 2009

OS AP01

Appointment of director of an overseas company



What this form is for
You may use this form to appoint
an individual as a director of an
overseas company

What this form is I
You cannot use the i
a corporate director
company To do this,
OS APO2 'Appointment director of an overs



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27/04/2012 COMPANIES HOUSE

#441

1	Overseas company details				
Company number	F C 0 2 7 3 8 5	→ Filling in this form Please complete in typescript or in			
Company name in full or alternative name as	TELECOMS INSURANCE SERVICES SA	bold black capitals			
registered in the UK		All fields are mandatory unless specified or indicated by *			
2	Date of director's appointment				
Date of appointment	12 1 0 8 12 10 18				
3	New director's details				
Title*		• Former name(s) Please provide any previous names			
Full forename(s)	NIGEL JEREMY	which have been used for business purposes in the past 20 years Married women do not need to give			
Surname	LANGSTAFF				
Former name(s) •		former names unless previously used for business purposes			
Country/State of residence	UNITED KINGOOM	Continue in Section 8 if required			
Nationality	BRITISH	Ocuntry/State of residence This is in respect of your usual			
Date of birth	BRITISH d 1 d 5 m 1 m 2 y 1 y 9 y 6 y 8	residential address as stated in Section 4a			
Business occupation (if any) ⁶	ACCOUNTANT	Business occupation If you have a business occupation, please enter here If you do not, please leave blank			
4	New director's service address O				
	Please complete your service address below You must also complete your usual residential address in Section 4a	• Service address This is the address that will appear			
Building name/number	1	on the public record This does not have to be your usual residential address If you provide your residential address here it will appear on the			
Street	PORTAL WAY				
Post town	LOMPON	public record			
County/Region					
Postcode	W3 BRS				
Country	UNITED RINGDOM				

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5	Director's authority										
	Please enter the extent of your authority as director Please tick one box				If you have indicated that the extent of your authority is limited, places.						
Extent of authority	☐ Limited ① ☐ Unlimited				of your authority is limited, please provide a brief description of the limited authority in the box below If you have indicated that you are not authorised to act alone but only						
Description of limited			Je	ointly,	please	enter	the na	me(s	of (
authority, if applicable	Are you authorised to act alone or jointly? Please tick one box				son(s) sed to		whom y elow	ou a	ire		
	☐ Alone ☐ Jointly										
If applicable, name(s) of person(s) with whom you are acting jointly											
6	UK establishments										
	A return must be delivered in respect of any alteration to the company particulars by each UK establishment. If, however, a company has more that UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below	n one									
	UK establishment name	Reg	ıstrat	tration number							
	TELECUMS INSURANCE SERVICES SA	B	R	0	0	9	2	6	7		
7	Signature		<u> </u> 		<u> </u>				<u> </u>		
Signature	Signature X	X	-								
	This form may be signed and authorised by Director, Secretary, Permanent representative										
8	Additional former name(s) (continued from Section 3)										
Former name(s) •			. \	Additional former names Use this space to enter any additional names							
			-								
			-								

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Presenter information	! Important information						
You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.	Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses						
Contact name SHAMIM KAZENEH	☑ Where to send						
CPW LEGAL DEPARTMENT	You may return this form to any Companies House address						
Address 1 PORTAL WAY	England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff						
Post town LONDON County/Region Postcode W 3 6 R S Country UNITED KINGDOM DX Telephone 0208 753 8084	Scotland The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post) Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG						
✓ Checklist	DX 481 N R Belfast 1						
We may return forms completed incorrectly or with information missing Please make sure you have remembered the following	Higher protection If you are applying for, or have been granted, higher protection, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE						
☐ The company name and number as registered in the UK match the information held on the public Register	<i>i</i> Further information						
 □ You have completed the date of appointment □ You have included all former names used for business purposes over the last 20 years □ You have completed the nationality box in Section 3 □ You have provided a correct date of birth □ You have provided a business occupation if there is one □ You have provided both the service address and the usual residential address □ Addresses must be a physical location They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number □ You have enclosed a relevant higher protection application if applying for this at the same time as completing this form □ You have entered the extent of the director's 	For further information, please see the guidance notes on the website at www.companieshouse.gov.uk This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk						
authority in Section 6 ☐ You have completed Section 6, if applicable ☐ You have signed the form							