

# 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

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)

Day

FC027538	Branch number	BR009376
ABENER ENERGIA S A		

Month

## **TERMINATION OF AUTHORITY**

See overleaf for appointments and change of particulars

Position vacated
(Mark appropriate box(es))

Date of termination

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

Year

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 CLIFFORD CHANCE SECRETARIES LIMITED

Address 10 UPPER BANK STREET

LONDON E14 5JJ

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

THURSDAY



D7 05/05/2011 COMPANIES HOUSE

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### **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

\* Delete as appropriate

granted under the provisions of section 723B of the Companies Act 1985

#### **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

	TMF CORPORATE ADMINISTRATION SERVICES LIMITED			
* Style / Title	<u> </u>			
Forenames				
Surname				
Address #	PELLIPAR HOUSE, 1ST FLOOR			
	9 CLOAK LANE			
Post town	LONDON			
County / Re	gion Postcode EC4R 2RU			
✓ Is auth	orised to accept service of process on the company's behalf			
اليا ا	Day Month Year			
Date of app	ointment 2 8 0 8 2 0 0 9			
The author	ty to represent the company is -			
Is # * AND/OR Is # The extent of	Authorised to accept service of process on the company's behalf  Authorised to represent the company in relation to that business of the authority to represent the company is - (give details)			
These pow	vers - May be exercised alone			
#	Must be exercised with -  (Give name(s) of co-authorised person(s))			
I				

PARTICULARS	Day Month Year
PARTICULARS	Date of
Mark the appropriate	
box If change relates	Change of particulars of person authorised to accept service
to both positions mark both boxes	Change of particulars of person authorised to represent the company
	Change of particulars of person authorised to represent the company
Change Name previously	Forenames
of name notified to Companies House	
Companies riouse	Surname
Γ	Forenames
New name	Surname
	Surrame
Change of residential address #	Address
(enter new address)	
address shown is a	
service address for the beneficiary of a	Post town
Confidentiality Order granted under the	County / Region Postcode
provisions of section	
723B of the Companies Act 1985	Country
Change of authority to act	
(this part does not apply to a	The extent of the authority of the above person to represent the company
person authorised to accept	has been altered to - [give details]
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)	The powers -
	# May be exercised alone
	OR
# Mark appropriate box	# Must be exercised with (Give name(s) of co-authorised person(s))
Signature	
	Signed How The Signed
	* (director / Secretary
	/ Permanent represent)
* Delete as applicable	Date April 11th, 2 11
= application	, ·

When completed, this form should be delivered to -

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardiff CF14 3UZ The Registrar of Companies Companies House 139 Fountainbridge Edinburgh EH3 9FF

DX 235 Edinburgh or LP - 4 Edinburgh 2