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

X What this form is NOT for You cannot use the form to a a corporate director of an over company To do this, please up of AP02 'Appointment of cor of director of an overseas compa



|                                             | A12                                                                                                            | 06/01/2017 #345                                                                                              |  |  |  |  |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 1                                           | Overseas company details                                                                                       | CLARITIN KILLER TILLIA                                                                                       |  |  |  |  |
| Company number                              | F C 0 2 7 6 4 0                                                                                                | → Filling in this form Please complete in typescript or in                                                   |  |  |  |  |
| Company name in full                        | Priory Sketchley Hall (Property) Limited                                                                       | bold black capitals                                                                                          |  |  |  |  |
| or alternative name as registered in the UK |                                                                                                                | All fields are mandatory unless specified or indicated by *                                                  |  |  |  |  |
| 2                                           | Date of director's appointment                                                                                 |                                                                                                              |  |  |  |  |
| Date of appointment                         | d 3     d 0     m 1     m 1     y 2     y 0     y 1     y 6                                                    |                                                                                                              |  |  |  |  |
| 3                                           | New director's details                                                                                         | • Former name(s)                                                                                             |  |  |  |  |
| Title*                                      | Mr                                                                                                             | Please provide any previous names (including maiden or married names)                                        |  |  |  |  |
| Full forename(s)                            | Trevor Michael                                                                                                 | which have been used for business purposes in the last 20 years.                                             |  |  |  |  |
| Surname                                     | Torrington                                                                                                     | Continue in Section 8 if required                                                                            |  |  |  |  |
| Former name(s) •                            |                                                                                                                | Country/State of residence This is in respect of your usual                                                  |  |  |  |  |
| Country/State of residence •                | United Kingdom                                                                                                 | residential address as stated in<br>Section 4a                                                               |  |  |  |  |
| Nationality                                 | British                                                                                                        | Month and year of birth     Please provide month and year only                                               |  |  |  |  |
| Month/year of birth 9                       | X X <sup>m</sup> 0 <sup>m</sup> 7                                                                              | Provide full date of birth in section 3a                                                                     |  |  |  |  |
| Business occupation (if any) •              | Finance Director                                                                                               | O Business occupation If you have a business occupation, please enter here If you do not, please leave blank |  |  |  |  |
| 4                                           | New director's service address <sup>©</sup>                                                                    |                                                                                                              |  |  |  |  |
|                                             | 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                        | Fifth Floor                                                                                                    | on the public record. This does not have to be your usual residential.                                       |  |  |  |  |
| Street                                      | 80 Hammersmith Road                                                                                            | address  If you provide your residential                                                                     |  |  |  |  |
|                                             |                                                                                                                | address here it will appear on the                                                                           |  |  |  |  |
| Post town                                   | London                                                                                                         | paolic record                                                                                                |  |  |  |  |
| County/Region                               |                                                                                                                | _                                                                                                            |  |  |  |  |
| Postcode                                    | W 1 4 8 U D                                                                                                    |                                                                                                              |  |  |  |  |
| Country                                     | United Kingdom                                                                                                 |                                                                                                              |  |  |  |  |

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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, please |                                                                       |       |                  |       |    |  |
| Extent of authority                                   | ☐ Limited •                                                                                                                                                                                                                                                                       |      |                                                                              |                                                                            | provide a brief description of the limited authority in the box below |       |                  |       |    |  |
|                                                       | ☑ Unlimited                                                                                                                                                                                                                                                                       |      |                                                                              |                                                                            | If you have indicated that you are                                    |       |                  |       |    |  |
| Description of limited                                |                                                                                                                                                                                                                                                                                   |      | ) jo                                                                         | intly, <sub>[</sub>                                                        | please                                                                | enter | t alon<br>the na | me(s) | of |  |
| authority, if applicable                              | Are you authorised to act alone or jointly? Please tick one box                                                                                                                                                                                                                   |      |                                                                              |                                                                            | the person(s) with whom you are authorised to act below               |       |                  |       |    |  |
|                                                       | ☑ Alone                                                                                                                                                                                                                                                                           |      |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       | ☐ Jointly <b>②</b>                                                                                                                                                                                                                                                                |      |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
| 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 than UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below | one  |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       | UK establishment name                                                                                                                                                                                                                                                             | Regi | stration number                                                              |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       |                                                                                                                                                                                                                                                                                   |      |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       |                                                                                                                                                                                                                                                                                   |      |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       |                                                                                                                                                                                                                                                                                   | <br> |                                                                              | <u> </u>                                                                   | _                                                                     |       |                  |       |    |  |
| 7                                                     | Signature                                                                                                                                                                                                                                                                         |      | ı .                                                                          |                                                                            |                                                                       |       |                  |       |    |  |
|                                                       | Signature                                                                                                                                                                                                                                                                         |      |                                                                              |                                                                            |                                                                       |       |                  |       |    |  |
| Signature                                             | X Du Hay                                                                                                                                                                                                                                                                          | 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 Please note that all information on this form you do it will help Companies House if there is a query will appear on the public record, apart from on the form The contact information you give will be information relating to usual residential visible to searchers of the public record addresses and day of birth Where to send Sara Laila Khan You may return this form to any Companies **Priory Group** House address **England and Wales** Address Fifth Floor The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ 80 Hammersmith Road DX 33050 Cardiff Scotland The Registrar of Companies, Companies House, London Fourth floor, Edinburgh Quay 2, County/Region 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF Pastcode DX ED235 Edinburgh 1 υl or LP - 4 Edinburgh 2 (Legal Post) Country United Kingdom Northern Ireland DΧ The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Telephone Belfast, Northern Ireland, BT2 8BG 0207 605 0913 DX 481 N R Belfast 1 Checklist Higher protection If you are applying for, or have been granted, We may return forms completed incorrectly or higher protection, please post this whole form to the with information missing different postal address below The Registrar of Companies, PO Box 4082, Please make sure you have remembered the Cardiff, CF14 3WE following ☐ The company name and number as registered in the Further information UK match the information held on the public Register ☐ You have completed the date of appointment For further information, please see the guidance notes ☐ You have included all former names used for business on the website at www gov uk/companieshouse purposes over the last 20 years or email enquiries@companieshouse gov uk ☐ You have completed the nationality box in Section 3 ☐ You have provided a correct date of birth This form is available in an ☐ You have provided a business occupation if there is alternative format. Please visit the ☐ You have provided both the service address and the forms page on the website at usual residential address Addresses must be a physical location They cannot www.gov.uk/companieshouse 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 authority in Section 6

☐ You have completed Section 6, if applicable

You have signed the form