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 NOT f
You cannot use the form t
a corporate director of an
company. To do this, pleas
OS APO2 'Appointment of
director of an overseas company



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| 1   | Overseas company details   |  |  |  |  |
|---|--|--|--|--|--|
| Company number                              | F C 0 27 9 28  | → Filling in this form Please complete in typescript or in   |  |  |  |
| Company name in full                        | NHP HOUDED 2 UMITED  | 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                         | JAC MOME YAVIN   |  |  |  |  |
| 3   | New director's details   | • Former name(s)   |  |  |  |
| Title*                                      | m2 .   | Please provide any previous names<br>(including maiden or married names  |  |  |  |
| Full forename(s)                            | JAMES JUSTIO   | which have been used for business purposes in the last 20 years.   |  |  |  |
| Surname                                     | HYTCHENS   | 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 Section 4a.   |  |  |  |
| Nationality                                 | AMERICA  | <b>♦ Month and year of birth</b> Please provide month and year only.   |  |  |  |
| Month/year of birth                         | XX To  | Provide full date of birth in section 3a.  |  |  |  |
| Business occupation<br>(if any) •           | DIRECTUL   | Business occupation     If you have a business occupation,     please enter here. If you do not,     please leave blank. |  |  |  |
| 4   | New director's service address •   |  |  |  |  |
|   | Please complete your service address below. You must also complete your usual residential address in <b>Section 4a</b> . | Service address This is the address that will appear   |  |  |  |
| Building name/number                        | SCUTHGATE HOUSE  | on the public record. This does not<br>have to be your usual residential   |  |  |  |
| Street                                      | ALCHER STREET  | address.  If you provide your residential address here it will appear on the   |  |  |  |
| Post town                                   | DARUNGTON  | public record.   |  |  |  |
| County/Region                               | COUNTY DUZHAM  |  |  |  |  |
| Postcode                                    | D L 3 6 AH   |  |  |  |  |
| Country                                     | WUITED KINEDOM   |  |  |  |  |

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| 5   | Director's authority   |     |   |         |                 |          |          |                         |  |  |
|---|--|-----|---|---------|-----------------|----------|----------|-------------------------|--|--|
|   | ease enter the extent of your authority as director. Please tick one box.  |     | If you have indicated that the extent     of your putherity is limited, places.   |         |                 |          |          |                         |  |  |
| Extent of authority   | ☐ Limited ● ☐ 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 |         |                 |          |          |                         |  |  |
| Description of limited authority, if applicable                               |  |     | jç  | ointly, | piease          | e ente   | r the na | e but only<br>ime(s) of |  |  |
|   | Are you authorised to act alone or jointly? Please tick one box.   |     | the person(s) with whom you are authorised to act below.  |         |                 |          |          |                         |  |  |
|   | ☐ Jointly ❸  |     |   |         |                 |          |          |                         |  |  |
| If applicable, name(s)<br>of person(s) with<br>whom you are<br>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 Regis  |     |   |         | stration number |          |          |                         |  |  |
|   |  |     |   |         |                 |          |          |                         |  |  |
|   |  |     |   |         |                 |          |          |                         |  |  |
|   |  |     |   |         | _               |          |          |                         |  |  |
| 7   | Signature  | !   |   | l       |                 | <u> </u> | I        | <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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| 4   | Prese  |
|-----|--------|
| You | do not |

#### Presenter 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.

| Contact name  |          |          |      |
|---------------|----------|----------|------|
|               | 414      | PANG     |      |
| Company name  |          |          |      |
| , ,           | NHP      | (FRC LO  |      |
|               |          |          |      |
| Address       |          |          |      |
| THE           | CARE     | 410435   |      |
|               |          |          |      |
| RA.           | MOBILLS  | <u> </u> |      |
|               |          |          |      |
| Post town     |          |          |      |
| (             | LEATHER  | HEAD     |      |
| County/Region |          |          |      |
|               |          |          |      |
| Postcode      | KT       | 2 2      | 77 ~ |
| Country       | <u> </u> |          |      |
|               | س اد .   |          |      |
| DX            | _        |          |      |
| Telephone     | 01372    | 36 40    | 82   |

## ✓ Checklist

We may return forms completed incorrectly or with information missing.

# Please make sure you have remembered the following:

- ☑ The company name and number as registered in the UK match the information held on the public Register.
- 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 authority in Section 6.
- ☐ You have completed Section 6, if applicable.
- You have signed the form.

### Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth.

### Where to send

You may return this form to any Companies House address:

#### **England and Wales:**

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

#### 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. DX 481 N.R. Belfast 1.

#### **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.

### Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse



**COMPANY NAME:** NHP HOLDCO 2 LIMITED

**COMPANY NUMBER:** FC027928

THIS DOCUMENT IS A SECOND FILING OF THE FORM OSAP01 **REGISTERED ON 23/10/2017.**