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

County/Region

Postcode

Country

# **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

6

**SOUTH AFRICA** 

What this form is NOT for You cannot use the form to a corporate director of an company To do this, please OS AP02 'Appointment of codirector of an overseas corr



A10 14/01/2016

#375

| 1   | Overseas company details  |   |  |  |  |  |
|---|---|---|--|--|--|--|
| Company number                              | F C 0 3 0 0 6 4  CAMBRIA AFRICA PLC   | Filling in this form     Please complete in typescript or in bold black capitals  All fields are mandatory unless specified or indicated by * |  |  |  |  |
| or alternative name as registered in the UK |   |   |  |  |  |  |
| 2   | Date of director's appointment  |   |  |  |  |  |
| Date of appointment                         | $\begin{bmatrix} d & 1 & \end{bmatrix} \begin{bmatrix} d & 7 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 6 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 & y & 1 & y & 5 \end{bmatrix}$ |   |  |  |  |  |
| 3   | • Former name(s) Please provide any previous name   |   |  |  |  |  |
| Title*                                      | MRS   | (including maiden or married names which have been used for business  |  |  |  |  |
| Full forename(s)                            | JOSEPHINE PETRA   | purposes in the last 20 years   |  |  |  |  |
| Surname                                     | WATENPHUL   | Continue in Section 8 if required   |  |  |  |  |
| Former name(s) •                            |   | Ocuntry/State of residence This is in respect of your usual   |  |  |  |  |
| Country/State of residence                  | SOUTH AFRICA  | residential address as stated in Section 4a   |  |  |  |  |
| Nationality                                 | SOUTH AFRICAN   | Month and year of birth     Please provide month and year only  |  |  |  |  |
| Month/year of birth <sup>6</sup>            | X X   | Provide full date of birth in section 3a  |  |  |  |  |
| Business occupation (if any) •              | CHARTERED ACCOUNTANT (SA)   | ② 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                        | 1   | on the public record This does not have to be your usual residential  |  |  |  |  |
| Street                                      | 4 OAK LANE  | address  If you provide your residential  |  |  |  |  |
|   | MELROSE ARCH  | address here it will appear on the  |  |  |  |  |
| Post town                                   | MELROSE NORTH, JOHANNESBURG   | pablic record   |  |  |  |  |

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| 5   | Director's authority  |     |  |  | _ |   |   | _ |          |  |
|---|---|-----|--|--|---|---|---|---|----------|--|
|   |   |     |  | If you have indicated that the extent  |   |   |   |   |          |  |
| Extent of authority   | ☐ Limited <b>①</b> ☑ Unlimited  |     | pr<br>lu<br>Ø If   | 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                               | Are you authorised to act alone or jointly? Please tick one box  Alone Jointly   Output  Description:   |     | jo<br>th   | not authorised to act alone but only<br>jointly, please enter the name(s) of<br>the person(s) with whom you are<br>authorised to act below     |   |   |   |   |          |  |
| If applicable, name(s)<br>of person(s) with<br>whom you are<br>acting jointly |   |     |  |  |   |   |   |   |          |  |
| 6   | 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   | Reg | strati   | stration number  |   |   |   |   |          |  |
|   | CAMBRIA AFRICA PLC  | F   | С  | 0  | 3 | 0 | 0 | 6 | 4        |  |
| 7   | Signature   |     |  |  |   |   |   |   | <u> </u> |  |
| Signature   | This form may be signed and authorised by Director, Secretary, Permanent representative   | X   |  |  |   |   |   |   |          |  |
| 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** 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 MRS JOSEPHINE WATENPHUL CAMBRIA AFRICA PLC Address 1 BERKELEY STREET, MAYFAIR, LONDON Post town MAYFAIR County/Region Postcode W D Country UNITED KINGDOM DΧ +41 79 908 54 30 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
- 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