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

## **OS** AP05



Appointment by an overseas company of a person | Companies House authorised to represent the company as a permanent representative in respect of a **UK** establishment

What this form is for

You may use this form to appoint a person authorised to represent the company in respect of the UK establishment.

What this form is N You cannot use the f any other appointme



**COMPANIES HOUSE** 

ICA

Overseas company details Filling in this form Company number Please complete in typescript or in Company name in full bold black capitals ICE SERVICES or alternative name as All fields are mandatory unless registered in the UK specified or indicated by \* **UK establishment details UK** establishment B R 0 1 6 2 9 9 number **UK** establishment INTERNATIONAL COPURIGHT BUTERPRISE name in full SERVICES AB CICE SERVICES AG) Date of appointment of new person authorised |2|1 Date of appointment Details of new person authorised Title\* G Former name(s) MR Please provide any previous name. Full forename(s) which have been used for business MARKUS purposes in the past 20 years Surname NEES Mamed women do not need to give former names unless previously, used Former name(s) • for business purposes. Continue in Section 8 if required Service address of new person authorised 9 Please complete the service address below You must also complete the usual Service address residential address of the person authorised in Section 5a This is the address that will appear on the public record. This does not have to be your usual residential Building name/number address Street If you provide your residential address here it will appear on the public record Post town County/Region **Postcode** Country

05/10 Version 4 0

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| 6                                                                    | Authority of new person authorised                                                        |                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                      | Please enter the extent of your authority as person authorised Please tick one box.       | <ul> <li>If you have indicated that the e-tent of your authority is limited, please provide a brief description of the limited authority in the box below.</li> <li>If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</li> </ul> |
| Extent of authority                                                  | E Limited •  Unlimited                                                                    |                                                                                                                                                                                                                                                                                                                                                     |
| Description of limited authority, if applicable                      | Are you authorised to act alone or jointly? Please tick one box.                          |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                      | ☐ Alone  ✓ Jointly 9                                                                      |                                                                                                                                                                                                                                                                                                                                                     |
| of applicable, name(s) of person(s) with whom you are acting jointly | CRAK NUNN                                                                                 |                                                                                                                                                                                                                                                                                                                                                     |
| 7                                                                    | Signature                                                                                 |                                                                                                                                                                                                                                                                                                                                                     |
| Signature                                                            | Si, vature X                                                                              |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                      | This form may be signed and authorised by. Director, Secretary, Permanent representative. |                                                                                                                                                                                                                                                                                                                                                     |
| 8                                                                    | Additional former name(s) (continued from Section 4)                                      |                                                                                                                                                                                                                                                                                                                                                     |
| Former name(s) •                                                     |                                                                                           | Sadditional former name(s) Use this space to enter any additional names.                                                                                                                                                                                                                                                                            |
|                                                                      |                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |
|                                                                      |                                                                                           |                                                                                                                                                                                                                                                                                                                                                     |
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## Important information **Presenter information** Please note that all information on this form You do not have to give any contact information, but if will appear on the public record, apart from you do it will help Companies House if there is a query information relating to usual residential on the form. The contact information you give will be addresses. visible to searchers of the public record. Contact nam 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, Post town യാവു Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. Bestu DX ED235 Edinburgh 1 Postcoci. or LP - 4 Edinburgh 2 (Legal Post). Country Northern Ireland: The Registrar of Companies, Companies House, DΧ Second Floor, The Linenhall, 32-38 Linenhall Street Belfast, Northern Ireland, BT2 8BG. DIRSZ SSILL 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 with information missing to the different postal address below. The Registrar of Companies, PO Bux 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. For further information, please see the guidance notes You have completed the date of appointment. on the website at www.companieshouse.gov.uk You have provided both the service address and the or email enquiries@companieshouse gov.uk usual residential address. Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service This form is available in an address), DX or LP (Legal Post in Scotland) number. alternative format. Please visit the ☐ You have included all former names used for business purposes over the last 20 years. forms page on the website at You have enclosed a relevant higher protection www.companieshouse.gov.uk application if applying for this at the same time as completing this form. You have entered the extent of authority of the new person authorised in Section 6 You have signed the form