•	į.	642(1)(b) Page 1							
642(Return of alteration in the	for official use							
27L/		attach barcode here							
	XXIII company or in their L particulars								
Steere was vesses		hotocopies of this form vill not be accepted							
Please use upper and/or lower case letters exactly as you	Company number (e.g. FC 099999):								
intend them to appear in Company name in	NF ODIOIS								
Black ink. Please leave a blank	Company name (in full):								
box to Indicate a space.	AVERY BERKEL LIMITED								
Please complete all remaining boxes on									
this form legibly, in CAPITAL LETTERS									
and in Black Ink. lease leave a blank box to indicate a									
space. Use a	Appointment								
ach address line. Tease do not fold this form.	Date of appointment (DD/MM/YYYY):	i i i i i i i i i i i i i i i i i i i							
(Turn over page for	ΑΥ								
resignation and change of	FRIDAY								
particulars.) Please mark the		*JA6E5TTC* JNI 11/06/2021 #23							
appropriate box. If the appointment is as director and secretary	Appointment of secretary Title:	COMPANIES HOUSE							
mark both boxes.	ride.								
* See Note 1	Estatement *:								
269 11016	Forenames *:								
	Surname:								
* See Note 1	Previous name *:	· · · · · · · · · · · · · · · · · · ·							
	Usual residential address:								
Address Line 1									
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Marak Laura									
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County/region									
	Postcode.								
	Country:								

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	642(1)(b)	Page 2													
	Appointment (continued)														
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank	Date of birth † (DD/MM/YYYY): Nationality †:														
box to indicate a space. Use a separate row for															
each address line. Please do not fold	Business occupation †:														
this form.															
	Other directorships †:														
	Yes No														
‡ See Note 2	Other directorships detail ‡:														
		 													
	Consent signature														
	Signed, Date (DD/MM/YYYY):														
	A serving director etc. must also sign the form on page 4														
others the first about a many															
(This includes any form of ceasing to hold office e.g. death	Resignation														
or removal from office.)	Date of resignation (DD/MM/YYYY):														
	01102001														
Please mark the appropriate box. If	Resignation etc. as director														
resignation etc. is as director and secretary	Resignation etc. as secretary														
mark both boxes. * See Note 1	Forenames *:														
	RICHARDOULEY														
	Surname:														
	GODDARD														
	Date of birth † (DD/MM/YYYY):														
	1 2 1 9 4 7														
	If cessation is other than resignation please state reason (e.g. death):														
† Directors only		T													
•															

t

Complete this section in all cases where	Change of Particulars	642(1)(b) Page 3													
particulars have changed and then the	Date of change of particulars (DD/MM/YYYY):														
appropriate section below, i.e. Change of name.															
Please mark the appropriate box. If change of particulars etc. is as director and	Change of particulars as director Change of particulars as secretary														
secretary mark both boxes.	Forenames *:														
* See Note 1 Names previously notified to															
Companies Registry.	Surname:														
	Date of high + (DD/MMACO)(V)														
	Date of birth † (DD/MM/YYYY):														
(enter new name).	Change of name:														
* See Note 1	Forenames *:														
	Surname:														
. c.er new address).	Change of usual residential address:														
Address Line 1															
Address Line 2															
Post town															
County/region															
Diagon namiata eli	Postcode:														
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS															
and in Black Ink. lease leave a blank	Country:														
box to indicate a space. Use a eparate row for															
each address line. Please do not fold this form.															

† Directors only

Date (DD/MM/YYYY):

Change of Particulars (continued)

Counter signature

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

Other change (please specify):																									
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A serving director/secretary etc. must also sign the form below

A serving director/secretary etc. must also sign the form below

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direct any enquiries about the		T		Ţ																														
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County/region		Ι	Ι	\Box		_			Ι					I										I	I	I				Ι			<u>_</u>	
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Notes

1. Show all full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Tel:

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years
- A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

- In the case of an individual who has no business occupation but holds other directorships, give particulars of them.
- Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was
- dormant
- a parent company which wholly owned the company making the return
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.