

Please complete in typescript, or in hold black capitals.

Change of particulars for director or secretary

of Hi bold black cap										
Company Number Company Name in full			122818							
			GRAMPIAN TEST & CERTIFICATION LIMITED							
* F 2 8 8 C	0 1 A >	 					Day	Month	Year	
changes of articulars	Complete in a	all cases	Date of change of particulars 26 02 96						96	
	Name	*Style / Title	Mrs			*	Honour	rs etc		
	F	DOROTH	IY THOM	PSON						
Surname			MELVIL	LE	<u>-</u>					
	† [Date of Birth	Day 28	Month 02	Year 40					
Change of name (enter new name) Forename(s)										
Surname				***						
Change of usual residential address (enter new address) Post town			252 QUEEN'S ROAD							
			ABERDE	EEN						
	Cou	nty / Region			·			Postcode	AB1 8DF	>
		Country								
Other change	(ple	ase specify)	<u> </u>							
		R OC	A servin	g direct	or, secre	tary e	tc mus		form below	
* Voluntary details. † Directors only.		Signed	la		mth				26 Februar	
•		(by a serving director / secretary / administrator / administrative receiver / receiver or							panager/ receiver	
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should			/ IAIN SMITH & COMPANY							
			18-20 QUEEN'S ROAD							
contact if there is ar	ABERDEEN, AB1 6YT. Tel 01224 645454									
	DX number AB4 DX exchange Aberdeen									
SCT *SGF	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB									

for companies registered in Scotland

DX 235 Edinburgh

Form revised March 1995