

Please complete in typescript,

Form revised March 1995

Change of particulars for director or secretary

or in bold black o	capitals.										
	Company Number			122818							
Company Name in full			GRAMPIAN TEST & CERTIFICATION LIMITED								
					<u> </u>	Da		Month	Year		
Changes of particulars	Complet	Date of c	hange of	particular	rs 26		02	96			
form	Name *Style / Title		Mr]*Ho	onours	etc			
		Forename(s)	ALISTAIR McNEIL								
		Surname	MELVI	LLE					·	<u></u>	
	Day	Month	Year								
		† Date of Birth		09	38						
Change of name (enter new name) Forename(s)											
Surname									<u> </u>		
Change of usual residential address (enter new address) Post town			252 (UEEN'S	ROAD						
			ABERI	DEEN	<u>.</u>						
	(County / Region					F	Postcod	e AB	1 8DP	
		Country									
Other change	!	(please specify)			<u>.</u>	.,,					
	13-0		A servin	g direct	or, secre	tary etc	must	sign th	e form	below.	
* Voluntary details. † Directors only.		Signed	10		htm			Date		ebruary	
Please give th	e name a	address.				nstrative r	ecewer/-		a ger / Tec eiver		
Please give the name, address, telephone number and, if available, a DX number and Exchange of			7 IAIN SMITH & COMPANY								
the person Comp	18-20 QUEEN'S ROAD										
contact if there is	ABERDEEN, AB1 6YT. Tel 01224 645454										
	DX number AB 4 DX exchange Aberdeen When you have completed and signed the form please send it to the										
SCT *	Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh										
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