

Please complete in typescript, or in bold black capitals



DX 33050 Cardiff

DX 235 Edinburgh

## **APPOINTMENT** of director or secretary

| o. III bola black                                                                              | Capitals                                        | ,,,,,,                                                                                   | 101                                                               |                     |                    |                     |                  | ;                |                            |            |          | any        | E   |
|------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------|--------------------|---------------------|------------------|------------------|----------------------------|------------|----------|------------|-----|
| CHFP029                                                                                        |                                                 |                                                                                          |                                                                   | OT J                | parti              | CUIE                | ars (L           | ıse F            | orm 2                      | 288C       | "        |            |     |
|                                                                                                | Company Number                                  | 15513                                                                                    | 37                                                                |                     |                    |                     |                  |                  |                            |            |          |            |     |
| Company Name in full                                                                           |                                                 |                                                                                          | Horizon Residential Developments Limited                          |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                |                                                 |                                                                                          |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                |                                                 | Day                                                                                      | Month                                                             | ! <u> </u>          | Year               |                     |                  |                  | Day                        | Mont       | h        | Year       |     |
| Appointmen                                                                                     | Date of appointment                             | 0 1                                                                                      | 0 _9                                                              | 2                   | 0 0                | o                   |                  | Date of<br>Birth |                            |            |          | L <u>L</u> |     |
| form                                                                                           | Appointment as director                         |                                                                                          |                                                                   | as                  | s secr             | etary               | X                |                  | e mark the<br>lirector and |            |          |            |     |
| Notes on completion                                                                            | *Style / Title                                  | MR *Honours etc                                                                          |                                                                   |                     |                    |                     |                  |                  | urs etc                    |            |          |            |     |
| appear on reverse.                                                                             | Forename(s)                                     | ALISTA                                                                                   | IR IAN                                                            |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                | Surname                                         | MACRA                                                                                    | νΕ<br>                                                            |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                | Previous<br>Surname(s)                          |                                                                                          |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                | 32 THE STEILS                                   |                                                                                          |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
| address Post town County / Region                                                              |                                                 |                                                                                          | EDINBURGH                                                         |                     |                    |                     |                  |                  | stcode EH10 5XD            |            |          |            |     |
|                                                                                                |                                                 |                                                                                          |                                                                   |                     |                    |                     |                  |                  | ountry                     |            | _,       |            |     |
|                                                                                                | †Business occupation                            |                                                                                          |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
| (                                                                                              | †Other directorships additional space overleaf) |                                                                                          |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                | [                                               | conse                                                                                    | nt to ac                                                          | ct as '             | ** <del>dire</del> | <del>etor</del> / : | secreta          | iry of the       | e above                    | name       | d com    | pany       |     |
|                                                                                                | Consent signature                               |                                                                                          |                                                                   | <u> </u>            | <u> </u>           |                     |                  |                  | Date                       | - Common   | SEI      | 20         |     |
| Voluntary details.                                                                             | j                                               | A director, secretary etc must sign the form below.                                      |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |
| *Delete as appropriate                                                                         | Signed                                          | 7                                                                                        | 7                                                                 | · ·                 | ~                  | کب<br>— —           | 2                |                  | Date                       | - 1        | SEP      | 201        | 100 |
|                                                                                                | <b>(</b>                                        | ** a <del>direct</del>                                                                   | er Lagecret                                                       | ary / <del>ad</del> | lministre(         | or / adm            | inistrative      | receiver / r     | eceiver ma                 | enager / i | ecciver) |            |     |
| Please give the name, address, lelephone number and, if available, a DX number and Exchange of |                                                 |                                                                                          | MISS L J W BLACK, BANK OF SCOTLAND, THE MOUND, EDINBURGH, EH1 1YZ |                     |                    |                     |                  |                  |                            |            |          |            |     |
|                                                                                                | anies House should                              |                                                                                          |                                                                   |                     |                    |                     | Tel <sup>0</sup> | )131 243         | 5522                       |            |          |            | }   |
|                                                                                                |                                                 | DX number DX exchange  When you have completed and signed the form please send it to the |                                                                   |                     |                    |                     |                  |                  |                            |            |          |            |     |

Registrar of Companies at:

for companies registered in Scotland

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Form revised July 1998

**COMPANIES HOUSE** 

SB5K1TVH

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13/09/00

|               | Company Number                               |            | <br> |   | <br>• |   |          |       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------|----------------------------------------------|------------|------|---|-------|---|----------|-------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| rectors only. | †Other directorships                         | 5          |      | · |       |   | 19.70    |       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | <u>:                                    </u> | <u>.</u> . |      |   |       | 7 |          |       |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | `.                                           |            |      |   |       |   |          |       |   | - sage<br>in the sage |
|               |                                              |            |      |   |       |   | <u> </u> | ·<br> |   | ······································                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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## NOTES

Show the 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 line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

## Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or 😅 🚙
- another wholly owned subsidiary of the same parent company.