

Please complete in typescript

288a

APPOINTMENT of director or secretary

| or in bold black | k capitals | , | VOT | for r | esi of n | gna part | tion (icula | (use i rs (us | Forn se Fo | 1 28 27m | 38k 28 |) or 88c)) | ch | ang | je | |
|--|--------------|--|---|-------------|---------------|-------------|-----------------|------------------|------------------|---------------------------------------|-----------|--------------------------|--------|---------------|-------------|-------|
| CHFP029 | | _ | · · · · · · · · · · · · · · · · · · · | | ,- | | | | | | | ,, | | | | |
| | Comp | any Number | 58025 | | | | | | | | | | | | | |
| C | Company | Name in full | De La | Rue H | oldin | gs plo | <u> </u> | | | , , , , , , , , , , , , , , , , , , , | | | | | | |
| | | | | | | | | | | | | · | | - | | _ |
| | | | Day | Month | | Year | | | | Da | av. | Month | | Yea | r | |
| A ! | 4 | Date of appointment | 0 4 | 1 0 | 2 | 0 | | | ate of | | 0 | 0 1 | 1 | - | 4 | 2 |
| Appointme form | Appoint | ment as director | X | | а | s sec | retary | | | | | appropriate secretary | | | | nt is |
| Notes on completic | | MR *Honours etc | | | | | | etc | | | | | | | | |
| appear on reverse. | | Forename(s) | PETER RICHARD HARVEY | | | | | | | | | | | | | |
| | | Surname | NIMMO | | | | | | | | | | | | | |
| | | Previous Forename(s) | | | | | | | reviou name(s | | | | | | | |
| | u | sual residential address | 4 THE | OLD DR | IVE | | | | <u></u> | | | | | | | |
| | | Post town | WELW | YN GAR | RDEN | CITY | | | P | ostc | ode | AL8 67 | В | | | |
| County / Region | | | HERTFORDSHIRE | | | | Country | | | ENGLAND | | | | | | |
| | | †Nationality | BRITIS | SH | | | | †Busi | ness oc | cupa | tion | GROL MANA | | | ИС | |
| | | ther directorships al space overleaf) | | | = | - | | | | | | | _ | | | |
| | (additions | ar space evericar) | l cons | en to a | act a | s ** d | irector | / secret | ary of t | he a | bov | e name | ed co | ompa | any | |
| | Cons | sent signature | | Q | \mathcal{L} | W | h | ~ | | Da | te | 05 | 3/1 | 0/0 |) 2_ | _ |
| * Voluntary details. | | | A directory secretary etc must sign the form below. | | | | | | | | | | | | | |
| † Directors only. **Delete as appropri | iate | Helines | | | | | | Da | te | 89 | // | 0/ | 0: | ک | | |
| | | | (** a dir | ector / sec | retary | / admin | istrator / a | dministrativ | e receive | r / rece | iver r | nanager / | receiv | æt) | | |
| Please give the name, address, telephone number and, if available, | | | MISS CLAIRE ROBINSON, DE LA RUE PLC, DE LA RUE HOUSE, JAYS CLOSE, VIABLES, BASINGSTOKE, | | | | | | | | | | | | | |
| a DX number | nge of | HAMPSHIRE, RG22 4BS | | | | | | | | | | | | | | |
| the person Co contact if ther | e is any que | ery. | Tel 01256 605322 | | | | | | | | | | | | | |



COMPANIES HOUSE

10/10/02

Form revised July 1998

DX number DX exchange

When you have completed and signed the form please send it to the

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ
for companies registered in England and Wales
or
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for companies registered in Scotland

DX 235 DX 33050 Cardiff

DX 235 Edinburgh

| | Company Number | 58025 |
|--|---|-------|
| Directors only. | † Other directorships | |
| | | |
| | | |
| NOTES | | |
| Show the full forenames or secretary is a corpora name on surname line a on the usual residential | s, NOT INITIALS. If the director ation or Scottish firm, show the and registered or principal office line. | |
| Give previous forename for a married woman, known before marriag | es or surname(s) except: the name by which she was e need not be given. | |
| for names not used si least 20 years | nce the age of 18 or for at | |
| A peer or individual kno instead of or in additior and need not give the r known before he or sho to it. | own by a title may state the title n to the forenames and surname name by which that person was a adopted the title or succeeded | |
| Other direct | orships. | |
| Give the name of even Britain of which the pel has been a director at | y company incorporated in Great rson concerned is a director or any time in the past five years. | |
| You may exclude a co | mpany which either is, or at all ive years when the person stor, was | |
| - dormant | | |
| a parent company when making the return, or | nich wholly owned the company | |
| another wholly owne company. | d subsidiary of the same parent | |
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