

AP01

Appointment of director



Companies House



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WEDNESDAY



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01/11/2017

#330

COMPANIES HOUSE

☒ **What this form is for**
You may use this form to appoint
an individual as a director.

☐ **What this form is NOT**
You cannot use the form
a corporate director. To do
please use form AP02 'Appointment
of corporate director'.

1 Company details

Company number 0 0 0 7 6 6 7 8
Company name in full MUNICIPAL MUTUAL INSURANCE LIMITED

→ **Filling in this form**
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 Date of director's appointment

Date of appointment d 3 d 1 m 1 m 0 y 2 y 0 y 1 y 7

3 New director's details

Title* MR
Full forename(s) MARTIN BARRY ASHTON
Surname WALKER
Former name(s) ①
Country/State of residence ② ENGLAND
Nationality BRITISH
Month/year of birth ③ X X m 0 m 2 y 1 y 9 y 5 y 5
Business occupation (if any) ④ SOLICITOR

① **Former name(s)**
Please provide any previous names
(including maiden or married names)
which have been used for business
purposes in the last 20 years.

Continue in section 7 if required.

② **Country/State of residence**
This is in respect of your usual
residential address as stated in
section 4a.

③ **Month and year of birth**
Please provide month and year only.
Provide full date of birth in
section 3a.

④ **Business occupation**
If you have a business occupation,
please enter here. If you do not,
please leave blank.

4 New director's service address ⑤

Please complete your service address below. You must also complete your usual
residential address in **Section 4a**.

Building name/number 23
Street COLLEGE HILL
Post town
County/Region LONDON
Postcode E C 4 R 2 R P
Country ENGLAND

⑤ **Service address**
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

Please state 'The Company's
Registered Office' if your service
address is recorded in the company's
register of directors as the
company's registered office.

If you provide your residential
address here it will appear on the
public record.

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Consent to act as director

Please tick the box to confirm consent.



The company confirms that the person named in section 3 has consented to act as a director of the company named in section 1.

6

Signature

I am signing this form on behalf of the company.

Signature

Signature

X  X

This form may be signed and authorised by:

Director ^①, Secretary, Person authorised ^②, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor.

① Societas Europaea

If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.

② Person authorised

Under either section 270 or 274 of the Companies Act 2006.

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Additional former names (continued from Section 3)

Former names ^③

③ Additional former names

Use this space to enter any additional names.

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**Presenter information**

You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record.

Contact name	GARETH HUGHES									
Company name	MUNICIPAL MUTUAL INSURANCE									
	LIMITED									
Address	23 COLLEGE HILL									
Post town										
County/Region	LONDON									
Postcode		E	C	4	R		2	R	P	
Country	ENGLAND									
DX										
Telephone	020 7821 6444									

**Checklist**

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- ☐ You have completed the date of appointment.
- ☐ You have included all former names used for business purposes over the last 20 years.
- ☐ You have completed the nationality box.
- ☐ You have provided the month and year of birth in section 3.
- ☐ You have provided a business occupation if you have one.
- ☐ You have provided your full date of birth in section 3a.
- ☐ You have provided both the service address and the usual residential address.
- ☐ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- ☐ You have enclosed a relevant section 243 application if applying for this at the same time as completing this form.
- ☐ You have ticked the consent to act statement.
- ☐ You have signed the form.

**Important information**

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth.

**Where to send**

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ.
DX 33050 Cardiff.

For companies registered in Scotland:

The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post).

For companies registered in Northern Ireland:

The Registrar of Companies, Companies House,
Second Floor, The Linenhall, 32-38 Linenhall Street,
Belfast, Northern Ireland, BT2 8BG.
DX 481 N.R. Belfast 1.

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:

The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE.

**Further information**

For further information please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse