

Please complete in typescript, or in bold black capitals

APPOINTMENT of director or secretary

(NOT for resignation (use Form 288b) or change

| 0115000 | - | , | of particulars (use Form 288c)) | | | | | | | | | | | | |
|--|---|---|--|-----------------------------------|---|------------|--------------------------|------------------|-----------------------------|--------------|----------------------|-----------|-------------|-------|--|
| CHFP029 | Com | pany Number | 15393 | 5 | | | | | | | | | | | |
| | Compan | KELLE | ETT (UK) | LIMITED |) | | | | | | | | | | |
| | | | Dov | Month | Voor | | | <u></u> | Dov | Month | | Voor | | | |
| Appointme | ent | Date of [appointment | 0 1 | Month 0 ; 9 | Year 1 9 9 | 9 | | Date of Birth | Day 2 7 | Month 1 2 | 1 | Year 9 | 6 1 | | |
| form | | Appointment as director X as secretary | | | | | | | e mark the irector and | | | | | nt is | |
| Notes on comple | | *Style / Title | MISS | | | | | *Honou | urs etc | | | | | _ | |
| appear on reverse | Э. | Forename(s) | HELEN PATRICIA | | | | | | | | | | | | |
| | | Surname | ASHCROFT | | | | | | | | | | | | |
| | | Previous Surname(s) | | | | | | | | | | | | | |
| | | YEW TREE FARM, CUERDALE LANE, SAMLESBURY | | | | | | | | | | | | | |
| Post town County / Region †Nationality | | | | PRESTON | | | | | ostcode PR5 0XA | | | | | | |
| | | | | LANCASHIRE | | | | | Country | yENGLAND | | | | | |
| | | | | †Business | | | | | occupation FINANCE DIRECTOR | | | | OR | | |
| | †C (addition | SEE CONTINUATION PAGE I consent to act as ** director / secretary of the above named company | | | | | | | | | | | | | |
| | | | | e <u>nt to act :</u> د الأصلاط | as ^^ dire | ector/ | see<u>ret</u> | | | , 1 | | | <u> </u> | _ | |
| | Con | sent signature | A director, secretary etc must sign the form below. | | | | | | | | | | | | |
| * Voluntary details. † Directors only. **Delete as appropr | iate | Signed | A direc | Ctor, seci | retary et | c mus | st sign | | . . | w. 24.11. | حرد _ر | | | | |
| | | | (** a direc | tor / secretar | y/ administra | iter / aun | hinistrativo | receiver / | rcceiver m | anager / re | sceive | r) | | _ | |
| telephone nur | e name, address, nber and, if available, | | MR M L YOUNG, LEX SERVICE PLC, LEX HOUSE, BOSTON DRIVE, BOURNE END, BUCKINGHAMSHIRE, SL8 | | | | | | | | | | | | |
| a DX number and Exchange of the person Companies House should contact if there is any query. | | | | | | · | Tel | 01628 84 | 3888 | | | | | | |
| [| <u>iliji Biğlerik Alens</u> ikiği | | DX nu | ımber | | | DX e | xchang | е | | | | | | |
| | | When you have completed and signed the form please send it to the Registrar of Companies at: | | | | | | | | | | | | | |

Form revised July 1998

COMPANIES HOUSE 25/11/99

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

for companies registered in Scotland

Company Number 153935 MULTIPART (HOLDINGS) LIMITED † Directors only. † Other directorships MULTIPART DISTRIBUTION LIMITED MULTIPART LOGISTICS SERVICES LIMITED **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 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.