

Please complete in typescript, or in bold black capitals.
CHFP000

288a

APPOINTMENT of director or secretary (NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

| CHFP000 | or particulars (use Form 2000)) | | | | | | | | | | |
|---|---|---|---------------------|-------------|--------------------------|---------------|------------------|---------|---------------------------------|---------------|----------|
| (| Company Number | 382 | 452 | | | | |] | | | |
| Com | pany Name in full | THE NUFFIELD HEALTH AND SOCIAL SERVICET FUND | | | | | | | | | |
| • | l | Day | Month | | Year | - | | Day | Month | Yea | ar |
| | Date of appointment | 2 8 | 1 1 | 2 (| 001 | †Da Bir | ate of th | | | | |
| | Appointment as director | | | а | s secretary | y | | | e appropriate id secretary n | | |
| form Notes on completion | *Style / Title | MR | | | *Honours etc | | | | | | |
| appear on reverse. | Forename(s) | MAX ANDREW | | | | | | | | | |
| | Surname | LEHMANN | | | | | | | | | |
| | Previous Forename(s) | | | | | 1 | evious ame(s) | | | | |
| | Usual residential address | 49 FALKLAND ROAD | | | | | | | | | |
| Post town County / Region | | | LONDON Posto | | | | | ode | NW5 | 2XB | |
| | | | Country | | | | | | | | |
| | †Business occupation | | | | | | | | | | |
| (ac | †Other directorships Iditional space overleaf) | cons | ent to a | ct as * | * directo r / | / secreta | arv of th | ne abo | ove name | d compar | |
| | Consent signature | W | Mel | | | <u> </u> | | ate | 30/0 | | <u> </u> |
| * Voluntary details. † Directors only. **Delete as appropriate | | | | ecreta | ry etc mu | ıst sign | the for | rm be | low. | | |
| ., , | Signed | St | m, | hy | حب | \~ | D: | ate | 30 /01 | 102 | |
| | | <u> </u> | | | Iministrator / c | adminietra | tive receiv | or/fecc | iver-menage | r./ receiver) | |
| telephone number a DX number a | name, address, r and, if available, nd Exchange of nies House should | M. 59 | A. LEI NŒW | , | VENDIS | | | | LONDON 845 | wia | 74B |
| CC | | Tel 020 7631 845 7 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

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

for companies registered in England and Wales

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh

Form revised July 1998

A76

COMPANIES HOUSE

0165

31/01/02

3

| | Company Number | | | |
|-------------------|----------------------------------|--|------|--|
| † Directors only. | [†] Other directorships | | | |
| · | | | | |
| | | | | |
| | | | | |
| | | | | |

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.