AP01

Appointment of director

This form is part of the PROOF scheme. If your company is registered for PROOF, paper versions of this form will be rejected and sent back to the registered office address. Avoid unnecessary rejection and file online. You can view your company's PROOF status on the WebFiling Menu Screen.



✓ What this form is for

You may use this form to appoint
an individual as a director

What this form is NOT for You cannot use the form to a a corporate director To do th please use form APO2 'Appoi of corporate director'



A20 28/03/2013

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	A07	19/03/2013 #284 COMPANIES HOUSE	
1	Company details		
Company number	0 1 3 3 2 2 4 9	→ Filling in this form Please complete in typescript or in bold black capitals All fields are mandatory unless specified or indicated by *	
Company name in full	TUNSTALL HEALTHCARE (UK) LIMITED		
2	Date of director's appointment	·	
Date of appointment	d 0 d 5 m 0 m 2 y 2 y 0 y 1 y 3		
3	New director's details	• Former name(s)	
Title*	MR	Please provide any previous names which have been used for business purposes in the past 20 years. Married women do not need to give former names unless previously used for business purposes	
Full forename(s)	JASON LUIS RICARDO		
Surname	CICERO		
Former name(s) •		Continue in section 6 if required	
Country/State of residence 2	UNITED KINGDOM	Country/State of residence This is in respect of your usual residential address as stated in Section 4a Business occupation If you have a business occupation, please enter here If you do not, please leave blank	
Nationality	BRITISH		
Date of birth	d 0 d 9 m0 m4 y 1 y 9 y 6 y 6		
Business occupation (if any) ●	ACCOUNTANT		
4	New director's service address [©]		
	Please complete your service address below You must also complete your usual residential address in Section 4a	© Service address This is the address that will appear	
Building name/number	THE COMPANY'S REGISTERED OFFICE	on the public record This does not have to be your usual residential	
Street		address Please state 'The Company's	
		Registered Office' if your service address is recorded in the company's register of directors as the	
Post town			
County/Region		company's registered office If you provide your residential	
Postcode		address here it will appear on the	
Country			

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Signatures	
I consent to act as director of the above named company	O Societas Europaea
Signature X	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 Person authorised Under either section 270 or 274 of the Companies Act 2006
X Synan Sell X	
This form may be signed and authorised by Director • , Secretary, Person authorised • , Administrator, Administrative Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor	
Additional former names (continued from Section 3)	
	Additional former names Use this space to enter any additional names
	Signature Signature Signature Signature Signature X This form may be signed and authorised by Director O, Secretary, Person authorised O, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor