

Please complete in typescript, or in hold black

APPOINTMENT of director or secretary

| ог ні вога ріаск сар | itais (1 | 401 | | gnauon | • | | | • | | myc | ; | | |
|--|---|----------------------|-------------------------|--------------------------------|---|-------------------------|------------------------------|----------------------------|---------------------|-----------------------|-----------------|--|--|
| CHFP029 | ſ | | | particula | ars (us | se r-c | orm 2 | 88C)) | | | | | |
| C | Company Number | 18993 | 16 | | | | | | | | | | |
| Com | pany Name in full | Bridge | epoint Capit | al (Holdings |) | | | | | | | | |
| | ا | Day | Month | Year | , | | Day | Month | | Year | | | |
| A ! 4 | Date of appointment | 1 _0 | 0 9 2 | 0 0 3 | | ate of irth | 2 7 | 0 4 | 1 | 9 6 | 7 | | |
| Appointment form A | ppointment as director | X | | as secretary | | Please as a d | e mark the a lirector and | appropriate secretary (| ∍ box. mark b | If appoin oth boxe | ntment is s. | | |
| NAM Notes on completion | ME *Style / Title | MR | | | | *Hono | urs etc | | | | | | |
| appear on reverse. | Forename(s) | GUY P | PATRICK | | | | | | | | | | |
| | Surname | WELD | ON | | | | | | | | | | |
| | Previous Forename(s) | | | | | Previou name(s | | | | | | | |
| | Usual residential address | | | | | | | | | | | | |
| | Post town | | - <u>-</u> | | | P | ostcode | NW3 1 | RR | | | | |
| | County / Region | | | | | | Country | ENGL | /ND | | | | |
| | †Nationality | BRITI | SH | | †Busi | ness oc | cupation | VENTU | JRE (| CAPITA | LIST | | |
| (ac | †Other directorships ditional space overleaf) | SEE C | CONTINUATIO | ON PAGE | | | | | | | | | |
| • | , | l cons | sent to act a | as ** director | / scoret | ary of ti | he abov | e name | d co | mpan | У | | |
| | Consent signature | | WW | ny | | | Date | 4/ | 4 q | /03 | ı- | | |
| * Voluntary details. † Directors only. | | A dire | ect or, secr | etary ete m | ust sign | the fo | rm belo | w. | | | | | |
| **Delete as appropriate | Signed | | 3 La | <u></u> | | | Date | 12 | <u> </u> | ١٩ (| 0 } | | |
| | | (** a dir | rector / secretary | / administrator / a | administrativ | 'c reccive r | ·/ receiver r | nanager / · | r eceive |)') | | | |
| Please give the nar telephone number a a DX number and B | and, if available, | BARR | Y LAWSON, BRII | OGEPOINT CAPIT | AL LTD, 101 | FINSBUR | Y PAVEMEN | IT, LONDO | N, EC | 2A 1EJ | | | |
| the person Compar | nies House should | | | | Tel | 0207 37 | 74 3594 | ······ | | V | | | |



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

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Company Number

† Directors only. † Other directorships

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BRIDGEPOINT CAPITAL LIMITED

GOLDEN WONDER GROUP LIMITED (29/07/2002)

HEALTH CLUB GROUP PLC

HEALTH CLUB HOLDINGS PLC

WT HOLDINGS LIMITED

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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

- 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.