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This form should be completed in black

Change of director or secretary or change of particulars.

| Company number Company name | | CN 2024208 |
|---|----------------------------|--|
| | | BLACKWALL (1) LIMITED |
| Appointment | | |
| Turn to ollowing age for esignation nd change f particulars). | | Day Month Year |
| | Date of appointment | |
| | Appointment of director | Please mark the appropriate box If appointment is as a director and secretary |
| | Appointment of secretary | CS mark both boxes. |
| | Name * Style/Title | |
| | Forenames | |
| | Surname | |
| | * Honours etc | |
| | Previous forenames | |
| | Previous surname | |
| | Usual residential address | AD |
| | | |
| Post town County/Region | | |
| | | |
| | Postcode | Country |
| | Date of birth [†] | DO Nationality [†] NA |
| | Business occupation † | ос |
| | Other directorships † | |
| | | |
| | | |
| | | I consent to act as director/secretary of the above named company |
| | Consent signature | Signed Date |