

APPOINTMENT of director or secretary

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

2154540

Company Name in full

POST OFFICE LIMITED

Appointment
form

Notes on completion
appear on next page

Appointment as director

Date of
appointment

Day	Month	Year	† Date of Birth	Day	Month	Year
0	1	0	8	2	0	0
8				1	9	6

☒ as secretary ☐ Please mark the appropriate box. If appointment is as a director and secretary mark both boxes

NAME * Style / Title

* Honours etc

Forename(s)

MICHAEL THOMAS

Surname

YOUNG

Previous
forename(s)Previous
surname(s)Usual residential
address

2 GREEN LANE, ELLINGTON

Post town

HUNTINGDON

Postcode

PE28 0AZ

County / Region

CAMBRIDGESHIRE

Country

United Kingdom

† Nationality

British

† Business
occupation

Company Director

† Other directorships
(additional space next page)

See attached schedule

I consent to act as ** director / ~~secretary~~ of the above named company

Consent signature

Date

07/08/2008

* Voluntary details

† Directors only

** Please delete as appropriate

A director, secretary etc must sign the form below

Signed

Date

11/08/2008

(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)

Please give the name, address, telephone
number and, if available, a DX number and
Exchange of the person Companies House
should contact if there is any query

NEIL OWEN, 5TH FLOOR, ROYAL MAIL HOUSE, 148 OLD

STREET, LONDON, EC1V 9HQ, ENGLAND

Tel

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

DX 33050 Cardiff

for companies registered in England and Wales

or

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

for companies registered in Scotland

DX 235 Edinburgh

TUESDAY



AW41K274

A06

12/08/2008

318

COMPANIES HOUSE

Company Number

2154540

† 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

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

CHFP010

Company Number

2154540

Company Name in full

POST OFFICE LIMITED

Name

MICHAEL THOMAS YOUNG

**List of other directorships
Schedule to form 288a**

Company Name	Resignation
MIKE YOUNG ASSOCIATES LIMITED	