

A35 \*AFJ2AGXX\* 600

COMPANIES HOUSE 05/06/99

Form revised March 1995

Please complete in typescript, or in bold black capitals

# 288a

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

| Company Number                                                                                                                                                           |                            |                                | 2353835                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------|----------------------------------------------|--------------------------------|-------------|---------------|--------|
| Co                                                                                                                                                                       | ompany Na                  | me in full                     | NatW                                                   | est Cor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | porate Fi                                 | nance L           | imited                                       |                                |             |               |        |
| * F798A                                                                                                                                                                  | M                          |                                |                                                        | Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Month                                     | Year              |                                              |                                | Day         | Month         | Yeaı   |
| * F288A                                                                                                                                                                  |                            | Da <sup>.</sup><br>appointr    | te of<br>ment                                          | 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 05                                        | 99                | †Date o                                      | f Birth                        | 24          | 12            | 45     |
| ppointment<br>orm                                                                                                                                                        | Appointment as             |                                | X                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | as sec                                    | retary            |                                              | ease mark the<br>a director an |             |               |        |
| otes on completion                                                                                                                                                       |                            | Style / Title                  | MR *Honou                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              | ours etc                       |             |               |        |
| pear on reverse.                                                                                                                                                         |                            | JEFFREY                        |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
|                                                                                                                                                                          |                            | Surname                        | JOHNSON                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
| Previous<br>Forename(s)                                                                                                                                                  |                            |                                | Previ<br>Surname                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
|                                                                                                                                                                          | Usua                       | al residential<br>address      | HILL H                                                 | OUSE, M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ALDON RO                                  | AD, DANI          | BURY                                         |                                |             |               |        |
| Post town  County / Region                                                                                                                                               |                            |                                | CHELMSFORD                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   | Postcode CM3 4QH                             |                                |             |               |        |
|                                                                                                                                                                          |                            |                                | ESSEX                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   | Country                                      |                                |             |               |        |
| †Nationality                                                                                                                                                             |                            |                                | BRITISH                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   | †Business occupation                         |                                | ACCOUNTANT  |               |        |
| (a                                                                                                                                                                       | †Other o<br>additional spa | directorships<br>ace overleaf) |                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TION PAGE                                 |                   |                                              |                                |             |               |        |
|                                                                                                                                                                          | Consent                    | signature                      | (A)                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   | r / secretar                                 | Date                           | <b>2</b> 8  | MAY 1         |        |
| Voluntary details. Directors only.  Signed                                                                                                                               |                            |                                | A gire                                                 | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ecretary e                                |                   | sign the f                                   | :                              |             | JUN 1         | 999    |
| Please delete as app                                                                                                                                                     | propriate.                 | ;                              | :<br>{**a¢ir                                           | ector / sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | retary / admi                             | nistrator / a     | administrative re                            | eceiver / recei                | ver mana    | ger / receive | t)<br> |
| Please give the name, address,<br>elephone number and, if available,<br>DX number and Exchange of<br>the person Companies House should<br>contact if there is any query. |                            |                                | MR D J LEWIS, 3 PRINCESS WAY, REDHILL, SURREY, RH1 1NP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
|                                                                                                                                                                          |                            |                                | Tel 01737 776781                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                   |                                              |                                |             |               |        |
| A35 *AFJ2AGXX* 600                                                                                                                                                       |                            |                                | Wher<br>Regis<br>Comp                                  | trar of contract of contract of the contract o | ave comp<br>Companio<br><b>Iouse, C</b> i | es at:<br>'own Wa | DX exchand signed to ay, Cardiff ingland and | he form p                      | olease<br>Z | send it t     |        |

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

DX 235 Edinburgh

for companies registered in Scotland

#### **Company Number**

† Directors only.

† Other directorships

#### 2353835

BRITISH CAR CONTRACTS LIMITED

BUS & COACH CONTRACTS LIMITED

BUS & COACH LEASING LIMITED

CHADMORE ASSETS PLC

DJS CONTRACTS LIMITED

EUROPE EQUIPMENT SERVICES LIMITED

FAF CONTRACTS LIMITED

FAF EQUIPMENT LEASING LIMITED

FAF LEASING LIMITED

FAF GROWBOOK LIMITED

FARMING AND AGRICULTURAL FINANCE (HOLDINGS) LIMITED

FARMING AND AGRICULTURAL FINANCE LIMITED

GATX ASSET RESIDUAL MANAGEMENT P.L.C.

GROUP VEHICLE SERVICES LIMITED

GROWCASH LIMITED

LEX HARVEY LIMITED

LEX LOMBARD EUROPEAN HOLDINGS LIMITED

LEX TRANSFLEET LIMITED

LEX VEHICLE FINANCE LIMITED

LEX VEHICLE LEASING (4) LIMITED

#### **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.

#### **Company Number**

2353835

† Directors only.

† Other directorships

LOMBARD ASSET FINANCE LIMITED

LEX VEHICLE LEASING LIMITED

#### **NOTES**

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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.

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|---|-----------------------------|-------------|--|
| i | LOMBARD ASSET LEASING LIMIT | <b>T</b> ED |  |

LOMBARD BUSINESS FINANCE LIMITED

LOMBARD BUSINESS LEASING LIMITED

LOMBARD CHARTERHIRE LIMITED

LOMBARD COMMERCIAL LIMITED

LOMBARD CONTRACT HIRE (4) LIMITED

LOMBARD CONTRACT HIRE LIMITED

LOMBARD CORPORATE FINANCE LIMITED

LOMBARD CORPORATE LEASING LIMITED

LOMBARD DISCOUNT LIMITED

LOMBARD FACILITIES LIMITED

LOMBARD FINANCE (CI) LIMITED

LOMBARD FINANCE LEASING LIMITED

LOMBARD FINANCE LIMITED

LOMBARD INDUSTRIAL LEASING LIMITED

LOMBARD INDUSTRIAL LIMITED

LOMBARD INITIAL FINANCE LIMITED

LOMBARD INITIAL LEASING LIMITED

# Company Number

† Directors only. † Other directorships

2353835

LOMBARD LEASING (GB) LIMITED

LOMBARD LEASING CONTRACTS LIMITED

#### 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.

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- 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.

| CILITIES LIMITED |
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LOMBARD LEASING INDUSTRIES LIMITED

LOMBARD LEASING LIMITED

LOMBARD LEASING METROPOLITAN LIMITED

LOMBARD LEASING NETWORK LIMITED

LOMBARD LEASING SERVICES LIMITED

LOMBARD LESSORS LIMITED

LOMBARD MARITIME LIMITED

LOMBARD NATWEST COMMERCIAL SERVICES LIMITED

LOMBARD NATWEST DISCOUNTING LIMITED

LOMBARD NATWEST FACTORS LIMITED

LOMBARD NETWORK SERVICES LIMITED

LOMBARD NORTH CENTRAL LEASING LIMITED

LOMBARD NORTH CENTRAL PLC

LOMBARD NORTH CENTRAL WHEELEASE LIMITED

LOMBARD PLANT FINANCE LIMITED

LOMBARD PLANT LEASING LIMITED

LOMBARD PREMIUM FINANCE LIMITED

## **Company Number** 2353835 LOMBARD PROPERTY FACILITIES LIMITED † Other directorships † Directors only. LOMBARD PROPERTY INVESTMENTS LIMITED LOMBARD SPECIALIST FINANCE LIMITED **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. LOMBARD SPECIALIST LEASING LIMITED Give previous forenames or surname(s) except: - for a married woman, the name by which she was known before marriage need not be given. LOMBARD TRUCKPLAN LIMITED for names not used since the age of 18 or for at A peer or individual known by a title may state the title LOMBARD VENTURE FINANCE LIMITED 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 LOMBARD VENTURE LEASING LIMITED Other directorships. Give the name of every company incorporated in Great Britain of which the person concerned is a director or NATIONAL WESTMINSTER TECHNOLOGY LIMITED 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 NATWEST LEASING LIMITED a parent company which wholly owned the company making the return, or TELECOM FUNDING LIMITED - another wholly owned subsidiary of the same parent TELECOM HIRING LIMITED TELECOM LEASING LIMITED TELECOM RENTALS LIMITED TELECOM RENTING LIMITED TRANSAMERICA TRAILER LEASING LIMITED TRANSFLEET DISTRIBUTION LIMITED TRANSFLEET TRUCK RENTALS LIMITED