

Please complete in typescript, or in bold black capitals.

## 288a

DX 33050 Cardiff

DX 235 Edinburgh

## Appointment of director or secretary

Company Numb	er 2674379								
Company Name in fu	THE NATIONAL ASSOCIATION FOR SPECIAL								
	Day Month Year Day Month Year								
*F288A018*	the state of the s								
Appointment Appointment as direct	or as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.								
<b>form</b> <pre>NAME *Style / Tit</pre> <pre>Notes on completion</pre>	y Name in full  THE DATED ALL  Date of appointment IT 06 Zoo of Date of Birth IG 5 52.  Date of appointment IT 06 Zoo of Date of Birth IG 5 52.  Interest as director as secretary Please mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark the appropriate box. If appointment is as a director and secretary mark to the previous of the secretary mark to the previous of the previous of the secretary of the secretary of the above named company of the directorships all space overlean of the above named company of the above named								
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County / Begic	NORTH RINCOLNSHIE Country ENGLAND								
†National	BRITISH TBusiness occupation HEADTER CHER								
†Other directorshij (additional space overlea	n l								
(additional opaco overloc	I consent to act as ** director / secretary of the above named company								
Consent signatur * Voluntary details.	e Patricia Sathorpo Date 17-6-00.								
† Directors only.	A director, secretary etc must sign the form below.								
Signe	d Date								
** Please delete as appropriate	(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)								
Please give the name, address, telephone number and, if available,	MR C. GALLOW NASEN 4/5 AMBER BUSINESS								
a DX number and Exchange of	VILLAGE 4MBER CLOSE TAMWORTH								
the person Companies House should contact if there is any query.	B77 4RP Tel 01827 311500								
	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, CF4 3UZ

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

or companies registered in England and Wales

for companies registered in Scotland

Form revised March 1995

ASS COMPANIES HOUSE

20/06/00

	Company Number					
† 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 preceded 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.