

Please complete in typescript, or in bold black capitals.

**APPOINTMENT of director or secretary** 

When you have completed and signed the form please send it to the

(NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

CHFP010	Comp	any Number	<b>027</b>	750	34				
Co	mpany	Name in full	THE	Bei	STOL	Coc	TURAL	<u> </u>	
			Deve	LOPA	(ENT	PA	ether	ship.	
			Day	Month	Year	· 	Da	y Month	Year
Appointment form		Date of appointment	13	CI	11919	19 † [	Date of Birth	507	1,9,6,1
Notes on completion appear on next page.	Appointment as director			as	secretary		Please mark the as a director and		box. If appointment is ark both boxes.
	NAME	* Style / Title	MR			* Hor	nours etc	· · · · · · · · · · · · · · · · · · ·	
	Forename(s)		Nick						
		Surname	CAP	ALDI					
	Previous forename(s)		Previous surname(s)						
	Us	ual residential address	THE	SHIPP	on, c	ANGF	erd B	٥٥٧١٢	.E
Post town		Post town	ME	LLING	(TOI)		Postcode	T42	l ork
County / Region † Nationality † Other directorships (additional space next page)			SOMERSET COL			Country	ENG	LAND	
			BR	ITISH			usiness upation	to ton	AINISTRA FOR
			None						
			I consen	t to act as	s ** directo	or / secret	l <del>ary</del> ∙of the ab	ove name	d company
	Conse	nt signature	Ŋ	ficht	n Gp	<i>nU</i> .	Date	25	-11-49
* Voluntary details. † Directors only.  ** Please delete as appropriate  Signe			A direct	or, secre	tary etc m	nust sign	the form be	elow.	
		Signed		00	)در		Date	20,11	2. 99
			(**a directo	or / secretar	y / administra	ator / admir	istrative receive	er / receiver m	nanager / receiver)
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House		Fu	sm	$\sqrt{}$					
should contact if there is any query.			-		Tel		<u>-</u>		
			DX num	ber	<del></del>	DX ex	change	· <u>-</u>	<u> </u>

Registrar of Companies at:

44		•
<del>(</del>	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 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** 

## List of other directorships Schedule to form 288a

Name		
Company Name	Resignati	ion
Company Rame	rtesignati	
		f
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