

Please complete in typescript, or in bold black capitals. **CHFP029** 

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

| 0 020                                                                                                                                                   |                   |                          |                                                                                                          |                                                                                              | -                      |             | •                     |                        |        |          | ,,      |                   |       |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------|-------------|-----------------------|------------------------|--------|----------|---------|-------------------|-------|--|
| Company Number                                                                                                                                          |                   |                          |                                                                                                          | 991                                                                                          |                        |             |                       |                        |        |          |         |                   |       |  |
| Company Name in full                                                                                                                                    |                   |                          |                                                                                                          | Royal Bank Business Asset Finance Limited                                                    |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   |                          |                                                                                                          |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   |                          | Day                                                                                                      | Month                                                                                        | Year                   |             |                       |                        | Da     | y Mo     | nth     | Yea               | ar    |  |
|                                                                                                                                                         |                   | Date of<br>appointment   | 2   8                                                                                                    | 1 1                                                                                          | 2   0   0              | 5           | TDa<br>Bir            | ate of<br>th           |        |          |         |                   |       |  |
| Appointment form  Notes on completion appear on reverse.                                                                                                | Appointr          | ment as director         | as secretary Please mark the appropriate box. If appointmer as a director and secretary mark both boxes. |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         | NAME              | *Style / Title           | Mrs                                                                                                      |                                                                                              | ·                      |             | *Hone                 | ours etc               |        |          |         |                   |       |  |
|                                                                                                                                                         |                   | Forename(s)              | Gillian                                                                                                  |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   | Surname                  | Wraith-Carter                                                                                            |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   | Previous<br>Forename(s)  |                                                                                                          |                                                                                              |                        |             | Pre<br>Surna          | evious<br>me(s)        |        |          |         |                   |       |  |
| †† Tick this box if the address shown is a                                                                                                              | <sup>††</sup> Usı | ual residential address  | 8 Great Lime Kilns, Southwater                                                                           |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
| service address for<br>the beneficiary of a<br>Confidentiality Order<br>granted under the<br>provisions of section<br>723B of the<br>Companies Act 1985 |                   | Post town                | Horsham Postcode RH13 9JL                                                                                |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         | C                 | ounty / Region           | West Sussex Country England                                                                              |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   | <sup>†</sup> Nationality |                                                                                                          |                                                                                              |                        | †Bus        | iness c               | occupation             | on 🗌   |          |         |                   |       |  |
| †Other directorships<br>(additional space overleaf)                                                                                                     |                   |                          |                                                                                                          |                                                                                              |                        | <del></del> |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   |                          | l consent to act as ** d <b>xecxo</b> r / secretary of the above named company                           |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
| * Voluntary details. † Directors only. **Delete as appropriate                                                                                          |                   |                          | 6                                                                                                        | 2 10                                                                                         | at                     | ~           | S                     | Da                     | te     | 28 1     | 40V     | 2005              |       |  |
|                                                                                                                                                         |                   |                          | A director, secretary etc must sign the form below.                                                      |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
|                                                                                                                                                         |                   | Signed                   |                                                                                                          | 6                                                                                            |                        |             |                       | ) Da                   | te     |          |         |                   | ,<br> |  |
| You do not have to give any contact                                                                                                                     |                   |                          | (**a direct                                                                                              | or <del>/ secretar</del>                                                                     | <del>/ adminiatr</del> | ator / adn  | <del>ninistrati</del> | v <del>e receive</del> | /recei | ver mana | ger/rec | <del>civer)</del> |       |  |
| information in the box opposite but if you                                                                                                              |                   |                          |                                                                                                          |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
| do, it will help Companies House to contact you if there is a query on the                                                                              |                   |                          |                                                                                                          |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
| form. The contact information that you                                                                                                                  |                   |                          |                                                                                                          |                                                                                              |                        |             |                       |                        |        |          |         |                   |       |  |
| give will be visible to searchers of the                                                                                                                |                   |                          |                                                                                                          |                                                                                              |                        | Tel         |                       |                        |        |          |         |                   |       |  |
| public record                                                                                                                                           |                   |                          |                                                                                                          | DX number DX exchange                                                                        |                        |             |                       |                        |        |          |         |                   |       |  |
| ) [[[[[]]]] [[[[]]]] [[[]]] [[]] [[]] [                                                                                                                 |                   |                          |                                                                                                          | When you have completed and signed the form please send it to the Registrar of Companies at: |                        |             |                       |                        |        |          |         |                   |       |  |
| ADS                                                                                                                                                     | Compa             | nies Hou                 | se, Crow                                                                                                 | n Way.                                                                                       | , Cardi                | ff, CF14    | 1 3UZ                 | . DX                   | 3305   | 0 Card   | diff    |                   |       |  |

for companies registered in England and Wales

for companies registered in Scotland

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

Form May 2004

A05

**COMPANIES HOUSE** 

29/11/2005

| Company Number                                                                                                                                                                                                                    | 02807991 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| † 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<br>making the return, or                                                                                                                                                          |          |
| <ul> <li>another wholly owned subsidiary of the same parent<br/>company.</li> </ul>                                                                                                                                               |          |
|                                                                                                                                                                                                                                   |          |
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