

Please complete in typescript, or in bold black capitals.

CHFP010

**Company Number** 

288a

## of director or secretary

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

2829315

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Appointment form		Date of appointment	<b>Day</b>	Month 0   9	1 9	ear 9 9		Date of Birth	Day  2 7  ark the a	Mon	1 1	19	ear	<sup>8</sup>
Notes on completion appear on next page.	NAME	ent as director  * Style / Title	Mr		s secre			s <i>a direc</i> ours et		secretary	mark b	oth bo	oxes.	
		Forename(s)	TIMOT	THY COL	ERIDGI	E								
		Surname	BOLES	3				Proviou						
	Usı	Previous forename(s) ual residential address	9 Cak	oul Roa	d, Bat	tersea	suri	Previou name(s						
		Post town	Londo	on				]	tcode	SW11	2PR			
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* Voluntary details. † Directors only. ** Please delete as a	ppropriate	Signed	A direc	tor, secr	etary e	tc must	sign		rm bei Date	ow.	9.	79	?	
Please give the name, address, telephone number and, if available, a DX number and		G P MCMULLEN, CHRISTIE BROCKBANK SHIPTON LTD,									er)			
Exchange of the person Companies House should contact if there is any query.			PENIN	ISULAR 		36 MC	MUM	ENT S'	FREET,	, LONI	OON,	EC31	R 8:	LJ
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for companies registered in Scotland

DX 235 Edinburgh



Please complete in typescript, or in bold black capitals.

CHFP010 Company N

## Company Number

## List of other directorships Schedule to form 288a

Company Number	2029315
Company Name in full	CHRISTIE BROCKBANK SHIPTON LIMITED
Name	TIMOTHY COLERIDGE BOLES

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