

for the might

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))

| CHWP000  |  |                          |               | O,          | part       | içuia       | 13 (U        | 3C I             | Oi III     | 2000//                       |          |               |        |
|--|--|--------------------------|---------------|-------------|------------|-------------|--------------|------------------|------------|------------------------------|----------|---------------|--------|
| Company Number   |  |                          | 03            | 012         | 626        | ,           |              |                  |            |                              |          |               |        |
| Cor  | HA   | B17                      | AT            | Fo          | R          | нυ          | mA           | N17              | ·Y         |                              |          |               |        |
|  | Gr   | LEA                      | 7             | E           | RIT        | TAI         | ~            |                  |            |                              |          |               |        |
|  |  |                          | Day M         | onth        | Yea        | r           | <b>+</b> D.  | 1 r              | Day        | Month                        |          | Year          |        |
|  |  | Date of [ appointment [  | 080           | 7 2         | 0          | 2 2         | Birt         | ite of<br>th     | 05         | 012                          | 1        | 93            | 9      |
| Appointment form  Notes on completion appear on reverse.   | Appointm   | ent as director          | X             |             | as se      | cretary     | ,            |                  |            | appropriate<br>I secretary m |          |               | int is |
|  | NAME   | *Style / Title           | W             | R           |            |             | *Hono        | ours etc         |            |                              |          |               |        |
|  |  | Forename(s)              | W             | 144         | 1 Am       | 1           |              |                  |            |                              |          |               |        |
|  |  | Surname                  | me            | GI          | V EI       | eN          |              |                  |            |                              |          |               |        |
|  |  | Previous Forename(s)     |               |             |            |             | Pre<br>Surna | evious[<br>me(s) |            |                              |          | <del></del> - |        |
| †† Tick this box if the<br>address shown is a<br>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 | †† Usi   | al residential address   | 17            | BE          | LVE        | EDE         | RE           | n                | MAX        | ial                          |          |               |        |
|  |  | Post town                | B             | ELFI        | 957        | ,           |              | Post             | code       | BTO                          | 7        | 61=           | 7      |
|  | C  | ounty / Region           | N             | . IR        | ELA        | ND          |              | Co               | untry [    | U                            | K        |               |        |
|  |  | <sup>†</sup> Nationality | BR            | 171         | 514        | ] †Bus      | siness o     | occupa           | tion [     | ousida                       | (c:      | Nucr          | #K5    |
| (a   |  |                          |               |             |            |             |              |                  |            |                              |          |               |        |
| (  | 1 consent  | to act a                 | as ** dir     | ector /     | secrete    | ary of t    | he abo       | ve name          | cor        | npany                        |          |               |        |
| ' Voluntary details.   | Conse  | nt signature             | Win           | Main        | Ma         | Gil         | reh          | D                | ate        | 200                          | Feel     | 120           | 22     |
| † Directors only. **Delete as appropriat   | e  |                          | A directo     | or, secr    | retary e   | to mus      | st sign      | the fo           | rm bel     | ow.                          |          |               |        |
|  |  | Signed                   | Will          | land        | W' C       | 11 V        | ren          | ם                | ate        | 200                          | uli      | ,<br>1 20     | カレ     |
| You do not have to give any contact  |  |                          | (**a director | / secretar  | y / admini | strator / a | dministrat   | tive recei       | ver / rece | iver manage                  | r / rece | eiver)        |        |
| information in the do, it will help (  | 20/8/02  |                          |               |             |            |             |              |                  |            |                              |          |               |        |
| contact you if the form. The conta   | \ <u>-</u>   |                          |               | <del></del> |            |             |              |                  | <u> </u>   |                              |          |               |        |
| give will be visit   | Tel  |                          |               |             |            |             |              |                  |            |                              |          |               |        |
|  | DX num   | nber                     |               | D           | X exch     | nange       |              |                  |            |                              |          |               |        |
|  | When you have completed and signed the form please send it to the Registrar of Companies at: |                          |               |             |            |             |              |                  |            |                              |          |               |        |
| A05<br>COMPANIES HO  | Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff                               |                          |               |             |            |             |              |                  |            |                              |          |               |        |

for companies registered in England and Wales or

for companies registered in Scotland

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

DX 235 Edinburgh

02/09/02

COMPANIES HOUSE

Form April 2002

|                   | Company Number                   | NI35626                |  |  |  |  |  |  |
|-------------------|----------------------------------|------------------------|--|--|--|--|--|--|
| † Directors only. | <sup>†</sup> Other directorships | BMG ASSOCIATES LIMITED |  |  |  |  |  |  |
|                   |                                  | 17 BELVEDERE MANUR     |  |  |  |  |  |  |
|                   |                                  | BELFAST                |  |  |  |  |  |  |
|                   |                                  | BT9 6FT                |  |  |  |  |  |  |
|                   |                                  | N. IRELAND             |  |  |  |  |  |  |

## 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.