

AP01

Appointment of director



Companies House



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THURSDAY



A07 *A5BP4BS1* 21/07/2016 #37
COMPANIES HOUSE
A22 08/07/2016 #154
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A5A7D5AA
A19 30/06/2016 #65
COMPANIES HOUSE

☒ What this form is for
You may use this form to appoint
an individual as a director.

☒ What this form is NOT for
You cannot use the form to appoint
a corporate director. To do this,
please use form AP02 'Appointment
of corporate director'.

1 Company details

Company number 03025614
Company name in full PREMIER HOMECARE NORTH WALES LTD

→ Filling in this form
Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 Date of director's appointment

Date of appointment 21/06/2016

3 New director's details

Title* MR GEOFF
Full forename(s) GEOFFREY REDDEN
Surname CHARLICK
Former name(s) ①
Country/State of residence ② WALES
Nationality BRITISH
Month/year of birth ③ XX 08 1957
Business occupation (if any) ④

① Former name(s)
Please provide any previous names
(including maiden or married names)
which have been used for business
purposes in the last 20 years.

Continue in section 7 if required.

② Country/State of residence
This is in respect of your usual
residential address as stated in
section 4a.

③ Month and year of birth
Please provide month and year only.
Provide full date of birth in
section 3a.

④ Business occupation
If you have a business occupation,
please enter here. If you do not,
please leave blank.

4 New director's service address ⑤

Please complete your service address below. You must also complete your usual
residential address in Section 4a.
Building name/number PINFOLD House
Street PINFOLD LANE
ALLTAM
Post town DE MOLD
County/Region FLINTSHIRE
Postcode CH7 6NZ
Country WALES

⑤ Service address
This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

Please state 'The Company's
Registered Office' if your service
address is recorded in the company's
register of directors as the
company's registered office.

If you provide your residential
address here it will appear on the
public record.

AP01
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5 Consent to act as director

Please tick the box to confirm consent.

☒ The company confirms that the person named in section 3 has consented to act as a director of the company named in section 1.

6 Signature

I am signing this form on behalf of the company.

Signature

Signature

X  X

This form may be signed and authorised by:
Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor.

① **Societas Europaea**

If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.

② **Person authorised**

Under either section 270 or 274 of the Companies Act 2006.

7 Additional former names (continued from Section 3)

Former names ③

③ **Additional former names**

Use this space to enter any additional names.