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			APPOINTMEN	T of dire	ector or	secreta	ry
Please complete in typescript, or in bold black capitals.			(NOT for resignation (u				
Company Number Company Name in full		3077678					
		Northern Cable Installations Limited					
			Day Month Yo	ear	Day	 Month	Year
Appointment form		Date of appointment	1 1 0 5 2 0	0 5 +	Date of 1 6	1 0 1	9 6 0
Notes on completion appear on next page		nent as director	X as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.				
	NAME	* Style / Title	* Honours etc				
		Forename(s)	Franco				
Surname Previous forename(s) Usual residential address Post town County / Region † Nationality † Other directorships (additional space next page) Consent signature			Martinelli #				
			Previous surname(s)				
					name(3)		
					Postcode	WD3	
					Country		
			British		dusiness Cha	artered Ac	countant
			See attached schedule				
			I consent to act as ** director / secretary of the above named company				
			Chance	e2	Date	12/05	5/05
* Voluntary details. † Directors only.		A director, secretary etc must sign the form below.					
** Please delete as appropriate Signed			AAHO	M	Date	11/05	105
			(**a directo r / secretary / adm	iinistrator / admi	inistrative receive	/ receiver man	ager / recei ver)
Please give the name, address, telephone number and, if available, a DX number and			STANLEY BILLIALD				
Exchange of the person Companies House should contact if there is any query.		,		200:5	(0		
			Tel 0207 2915049				
			DX number DX exchange				
_		100	When you have completed and signed the form please send it to the				

18/05/05 COMPANIES HOUSE

Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh