

BLUEPRINT

**APPOINTMENT of director or secretary** 

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

Please complete in typescript, or in bold black capitals.

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|-------------------|-----------|
| PHEDNEE           | Company N |

| Company Number                                                                          | 3171052                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| mpany Name in full                                                                      | International Mining Consultants Limited                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date of appointment  Appointment as director  NAME *Style / Title  Forename(s)  Surname | Day Month Year  2 5 0 7 2 0 06 †Date of Birth  as secretary ✓ Please mark the appropriate box. If appointment  *Honours etc  Christopher Charles  Wells                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Previous<br>Forename(s)<br>Previous<br>Surname<br>Usual residential                     | 9 Hewers Holt                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Post town<br>County / Region                                                            | Barlborough<br>Derbyshire                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | r '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | WJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| † Nationality                                                                           | 1 1                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (additional space overleaf)                                                             | I consent to act as ** director / secretar                                                                                                                                                                                                                                                                                                        | y of the abov                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| consent Signature Signed                                                                | Adhang for School                                                                                                                                                                                                                                                                                                                                 | one Ltd                                                                                                                                                                                                                                                                                                                                                                                                                                                       | below.  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 25/07/06<br>25/07/06                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ne, address,<br>and, if available,<br>xchange of<br>ies House should<br>ny query        | D Watson<br>IMC Group Holdings Ltd<br>PO Box 18<br>Common Road<br>Huthwaite<br>Notts NG17 2NS                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                         | Date of appointment  Appointment as director  NAME *Style / Title  Forename(s)  Surname  Previous Forename(s)  Previous Surname  Usual residential address  Post town  County / Region  † Nationality  † Other directorships (additional space overleaf)  Consent Signature  signed  ine, address, and, if available, xchange of ies House should | Date of appointment as director  NAME *Style / Title Forename(s)  Previous Forename(s)  Previous Surname  Usual residential address  Post town County / Region † Nationality † Other directorships (additional space overleaf)  Consent Signature  Pie, address, and, if available, xchange of ies House should by query  I Day Month Year  2 5 0 7 2 0 0 6  As secretary  Mr  Christopher Charles  Wells  Phase Barlborough  Derbyshire    Consent Signature | Date of appointment Appointment as director  NAME *Style / Title Forename(s)  Previous Forename(s)  Previous Surname  Usual residential address  Post town  County / Region  † Nationality  † Other directorships (additional space overleaf)  Consent Signature  Signed  The post town Address, and, if available, xchange of lies House should by query  International Mining Consultants Limite  Day Month Year  2   5   0   7   2   0   0   6   TDate of Birth  Plate of Birth  Photo Assecretary   Pleas approach Previous Previous Previous Previous Previous Previous Previous Previous Surname  Bariborough Postco  Consent Signature  Adirector, secretary of the above Previous Pre | Date of appointment as director  NAME *Style / Title Forename(s)  Previous Forename(s)  Previous Surname  Usual residential address  Post town County / Region † Nationality † Other directorships (additional space overleaf)  Consent Signature  Signed  Day Month Year Day Month Year Day Month Poate of Birth Poate of Birth Poate of Shirth Poate of Shir |

Registrar of Companies at:

A31

**COMPANIES HOUSE** 

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Form revised July 1998

10/08/2006

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

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

| Company Number                                                                                                                                                                                                                    | 3171052  |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---|
| † Directors only. † Other directorships                                                                                                                                                                                           |          | • |
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| NOTES                                                                                                                                                                                                                             |          |   |
| NOTES Show the full forenames, NOT INITIALS. If                                                                                                                                                                                   |          |   |
| the director or secretary is a corporation or<br>Scottish firm, show the name on surname<br>line and registered or principal office on the<br>usual residential line.                                                             |          |   |
| Give previous forenames or surname(s) except:                                                                                                                                                                                     |          |   |
| <ul> <li>for a married woman, the name by<br/>which she was known before marriage</li> </ul>                                                                                                                                      |          |   |
| 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. |          |   |
|                                                                                                                                                                                                                                   |          |   |
| <b></b>                                                                                                                                                                                                                           | ·        |   |
| 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.                                                                                                                                   |          |   |
| came paront company.                                                                                                                                                                                                              |          |   |
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