

AP01

Appointment of director

This form is part of the PROOF scheme. If your company is registered for PROOF, paper versions of this form will be rejected and sent back to the registered office address. Avoid unnecessary rejection and file online. You can view your company's PROOF status on the WebFiling Menu Screen.



You can use the WebFiling service to file this form online.
Please go to www.companieshouse.gov.uk

☒ **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'.

SATURDAY



A13G2U1T
A10 25/02/2012 #5
COMPANIES HOUSE
A16 18/02/2012 #47
COMPANIES HOUSE

1 Company details

Company number **4325633**

Company name in full **Instrumental Limited** ☒

→ **Filing 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 **d1 d6 m0 m2 y2 y0 y1 y2**

3 New director's details

Title* **Dr**
Full forename(s) **Julia MARIA**
Surname **Walsh**
Former name(s) ①
Country/State of residence ② **UK**
Nationality **BRITISH**
Date of birth **d2 d6 m1 m1 y1 y9 y4 y8**
Business occupation (if any) ③

① **Former name(s)**
Please provide any previous names which have been used for business purposes in the past 20 years.
Married women do not need to give former names unless previously used for business purposes.
Continue in section 6 if required.
② **Country/State of residence**
This is in respect of your usual residential address as stated in Section 4a.
③ **Business occupation**
If you have a business occupation, please enter here. If you do not, please leave blank.

4 New director's service address ④

Please complete your service address below. You must also complete your usual residential address in Section 4a.
Building name/number **LEEDS INNOVATION CENTRE**
Street **103 CLARENDON ROAD**
Post town **LEEDS**
County/Region **WEST YORKSHIRE**
Postcode **L52 4DF**
Country **UK**

④ **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.

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5

Signatures

I consent to act as director of the above named company

New director's
signature

Signature

X

f. H. W. A. H. T.

X

Authorising signature

Signature

X

N. L. L. L. L. L.

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

6

Additional former names (continued from Section 3)

Former names ^①

^① Additional former names

Use this space to enter any
 additional names