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APPOINTMENT of director or secretary

Please complete in typescript, or in bold black capitals.		(NOT for resignation (use For change of particulars (use Fo					
CHFP010	Company Number		4541152				
Company Name in full		Game Financial Services Limited					
		Day Month Year	J + 6.	Day	Month Yea	ır	
Appointment form		Date of. appointment	2110122101018		ate of Birth		
Notes on completion appear on next page	Appointment as director		as secretary			ppropriate box If appoir secretary mark both boxe	
	NAME	* Style / Title		* Hono	urs etc		
	Forename(s)		Vivienne Ruth				
		Surname	Hemming				
		Previous forename(s)		1	evious ame(s)		
Usual residential address			25 St John's Road	,	()		
Post town		Wallingford Pos		Postcode	le OX10 9AW		
County / Region † Nationality † Other directorships (additional space next page)			Oxon		Country	UK	
					siness pation		
/222 25222 5234)		I consent to act as **-director-/ secretary of the above named company					
Consent signature			V.Rh.		Date	5.308	ļ
* Voluntary details † Directors only ** Please delete as appropriate Signed		A director, secretary etc must sign the form below.					
		Mm. 2		Date	5.3.08	} 	
			(**a/director / secretary / administrator	r / admini	strative receive	r / receiver manager / re	ceiver)
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query			Ref EJR, Bond Pearce LLP, Oceana House, 39-49				
			Tel 0845 415 0000				
			DX number 38517 DX exchange Southampton 3				
			When you have completed and Registrar of Companies at		d the form pl		U C

MEDNESDAY



A33 26/03/2008

COMPANIES HOUSE

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

DX 33050 Cardiff

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