

Please complete in typescript, or in bold black capitals

CHANGE OF PARTICULARS for director or secretary (NOT for appointment (use Form 288a) or resignation (use Form 288b))

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CHFP029	•					
Company Num		4590303				
Company Name in full		ALPHA HEALTHCARE HOSP	PITALS LIMITED			
		Date of change of particulars	Day Month Year 0 1 0 4 2 0 0 3			
Changes of particulars form	Complete in all cases	Date of change of particulars	0 1 0 4 2 0 0			
	Name *Style / Title	MR	*Honours etc			
	Forename(s)	CHERIAN PADRNJAREDHALAKAL	:			
	Surname	THOMAS				
	† Date of Birth	Day Month Year 1 8 1 2 1 9 5 9				
Change of name (enter new name)	Forename(s)					
(C	Surname					
Change of usual residential address (enter new address)		18 MAYFIELD GARDENS				
	Post town	WALTON-ON-THAMES				
	County / Region	SURREY	Postcode KT12 5PP			
	Country	ENGLAND				
Other change	(please specify)					
* Voluntary details. † Directors only. **Delete as appropriate.		JO SECRETAR	etc must sign the form below. ON BEHALF OF TARIAT LTD. PARE TO THE COMPANY			
Please give the name, address,		(** director / secretary / administrator / administrative receiver / receiver manager / receiver) JEFFCOTE DONNISON, 5TH FLOOR, 1 LUMLEY STREET, MAYFAIR, LONDON, W1K 6TT				
a DX number and the person Comp	panies House should					
contact if there is	s any query.		Tel 020 7408 0590			
A50 COMPANIES HOU	YQUXLEH* 0592 SE 23/05/03	Registrar of Companies at: Companies House, Crown v for companies registered in E	ngland and Wales or le Terrace, Edinburgh, EH1 2EB			
Form revised Jul						