

Please complete in typescript, or in bold black capitals. CHFP096

288a

DX 33050 Cardiff

DX 235 Edinburgh

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

| | | | | | • | | | | | ,, | |
|---|------------------------------|-------------------------|---|------------------|-----------|---------|-------------|----------------------------|------------------|--|--|
| | Compa | any Number | 4802737 | | | | | | | | |
| Cor | mpany I | Name in full | NORTH STAFFORDSHIRE HEALTH & SAFETY GROUP | | | | | | | | |
| | | | | | | - | | | | | |
| | | | Day M | onth | Ye | ar | | | | | |
| Appointment Form Notes on completion appear on reverse. | | Date of appointment | 1 8 0 | 6 | 2 0 | 0 3 | TDa Birt | ate of | 19 | 015 1191619 | |
| | Appointment as director | | | | as se | cretary | | | | propriate box. If appointment is ecretary mark both boxes. | |
| | NAME | *Style / Title | MR. | | | | *Hone | ours etc | | | |
| | ı | Forename(s) | ROBERT ADRIAN | | | | | | | | |
| | | Surname | MADDOX | | | | | | | | |
| | | Previous Forename(s) | | | | | | revious ame(s) | | | |
| | Usual residential address | | THE FIRS, CHENN COURT, CHENDER | | | | | | | | |
| Post town County / Region | | | STOKE-ON-TRENT | | | | | Postco | de [| STIO IXU | |
| | | | STATES | | | | Coun | try [| uk | | |
| | [†] Nationality | | | FALLISH Business | | | occupation | 1 1 | MANAGER SAFRY | | |
| (a | None | | | | | | | | | | |
| Consent signature | | | I consent to act as ** director / secretary o | | | | y of the ab | of the above named company | | | |
| | | | | 1]] | . | | | Date | C | 05 562 2003 | |
| | | | A director, secretary etc must sign the form below. | | | | | | | | |
| * Voluntary details. † Directors only. ** Delete as appropriate | | Signed | | LBe Gord | | | | | L | 05/5/103 | |
| beiete as appropriate | | | (** director / secretary / administrator / administrative receiver / receiver manager / receiver) | | | | | | | | |
| Please give the na | ıme, addre | ess, | Business Tax Centre (NW) Limited (RM/1928) | | | | | | | | |
| telephone number and, if available, a DX number and Exchange of the person Companies House should | | | BTC House Chapel Hill Longridge | | | | | | | | |
| | | | Preston PR3 3JY | | | | | Tel 0177 | Tel 01772 780317 | | |
| | | | DX number px DX exchange | | | | | | | | |
| | | | When you have completed and signed the form please send it to the Registrar of Companies at: | | | | | | | | |

Companies House, Crown Way, Cardiff, CF14 3UZ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in England and Wales

for companies registered in Scotland

0713

12/09/03

COMPANIES HOUSE

Form revised July 1996

| | Company Number | |
|-----------------------------|----------------------------------|------|
| [†] Directors only | [†] Other directorships | |
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NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage 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.

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.