

## **APPOINTMENT** of director or secretary

Please complete in typescript, or in bold black capitals.		(NOT for resignation (use Form 2 change of particulars (use Form				
CHFP010	Company Number	5006144				
Company Name in full		Centrica Generation Limit	ed			
		Day Month Year	Day	Month	Year	
Appointment	Date of	1,70,52,0,0,4	Date of			
form	appointment		Birth L			
Notes on completion appear on next page.	Appointment as director	as secretary X	as secretary X Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.			
	NAME * Style / Title	* Ho	onours etc			
	Forename(s)					
Surname Previous forename(s) Usual residential address Post town County / Region		Centrica Secretaries Limited				
		Previous .				
		surname(s)				
		Millstream, Maidenhead Road				
		Windsor	Postcode	SL4 5GD		
		Berkshire	Country	United Kin	gdom	
† Nationality		† Business occupation				
† Other directorships (additional space next page)						
		I consent to act as ** director / secretary of the above named company				
	Consent signature		Date	17/5/0	>4,	
<ul> <li>Voluntary details.</li> <li>Directors only.</li> </ul>		A director, secretary etc must sign the form below.				
** Please delete as ap	propriate Signed	FOR AND ON BEHALF OF CENTRICA SECRETARIES LIN	Date	17/5/4	f	
		(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)				
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.						
		Tel				



When you have completed and signed the form please send it to the Registrar of Companies at:

DX exchange

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales

DX number

DX 33050 Cardiff