

Please complete in typescript, or in hold black capitals.

## **CHANGE OF PARTICULARS for director**

or secretary(NOT for appointment (use Form

CHWP000		288a) or resigi	nation (use Form 2880))
	Company Number	5057064	,
Con	npany Name in full	AMBER HEALTHCARE PERSONNEL	
		LIMITED	
			Day Month Year
Changes of particulars	Complete in all cases	Date of change of particulars	0 14 0 3 200 14
form	Name Style / Title	MRS	*Honours etc
	Forename(s)	CHRISTINE	MARIA
	Surname	REZGUI	
		Day Month Year	· · · · · · · · · · · · · · · · · · ·
	† Date of Birth	04021971	
Change of name (ecter new name) Forename(s)			
	Surname		
Change of usual	residential address tt		
(enter now address)			
TT Tick this box if the	Post town		
address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the	County / Region		Postcode
	Country	,	
Companies Act 1985	Other change (please specify	NATIONALTY - C	<i>Lerman</i>
	(p p 2 · · y		y etc must sign the form below.
* Voluntary details. † Directors only. **Delete as appropriat	Signed	Whi Vet	Date 4. 3. 2004
		·	gministrative ranniver ( ranniver menegar ( 1906-51)
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact			
		it	
	query on the form. The		
	ion that you give will be rs of the public record	e   T	'e
		DX number	DX exchange
#AG7ADTSI # 0124 COMPANIES HOUSE 05/03/04		Registrar of Companies at: Companies House, Crown for companies registered in E	England and Wales or Ne Terrace, Edinburgh, EH1 2EB