

288a

APPOINTMENT of director or secretary

Please complete in typescript, or in bold black capitals.		(NOT for resignation (use Form 288 change of particulars (use Form 28			
CHFP010	Company Number	5092969			
Co	ompany Name in full	AUTOSAFE PRODUCTS LIMITED			
Appointment form	Date of appointment	Day Month Year 2 2 0 6 2 0 0 8 † C	Day Date of 0 4 Birth	Month Year 1 1 1 9 7 2	
	Appointment as director			ppropnate box If appointment is ecretary mark both boxes	
	NAME * Style / Title	Mrs * Hon	ours etc		
	Forename(s)	SAMIRA			
	Surname	KASBI			
Previous forename(s)			Previous ame(s)		
	Usual residential address	4 ALINGTON CRESCENT, THE H	YDE		
	Post town	LONDON	Postcode	NW9 8JN	
	County / Region		Country		
	† Nationality	I BRITISH I	usiness DIR	RECTOR	
† Other directorships (additional space next page)		See attached schedule			
	, , , , ,	I consent to act as ** director / secret	ary of the abo	ve named company	
	Consent signature	Ame des.	Date	31 07.08	
* Voluntary details † Directors only		A director, secretary etc must sign the form below.			
** Please delete as a	ppropriate Signed	Aur Ka	Date	31.07 08	
		(**a director / secretary / administrator / admin	istrative 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

GABLE HOUSE, 239 REGENTS PARK ROAD, FINCHLEY, LONDON,

N3 3LF

Tel

DX number DX exchange

A1T4O1WT

A16 01/08/2008 COMPANIES HOUSE 206 _

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

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales

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

DX 235 Edinburgh

DX 33050 Cardiff

	Company Number	5092969		
† Directors only	† Other directorships			
				

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



Please complete in typescript, or in bold black capitals

CHFP010

Company Number

Company Number

5092969

Company Name in full

AUTOSAFE PRODUCTS LIMITED

List of other directorships

Schedule to form 288a

Name

SAMIRA KASBI

Company Name	Resignation
AUTOSAFE SEAT BELTS LIMITED	