AP01

Appointment of director



You can use the WebFiling service to file this form online Please go to www.companieshouse.gov.uk

What this form is for
You may use this form to appoint
an individual as a director

What this form is NOT for You cannot use the form to app a corporate director To do this, please use form APO2 'Appoint of corporate director'



06/07/2010 COMPANIES HOUSE

421

1	Company details	
Company number	07307876	Filling in this form Please complete in typescript or in bold black capitals
Company name in full	HELENUS LIMITED	
		All fields are mandatory unless specified or indicated by *
2	Date of director's appointment	
Date of appointment	10 1 0 7 12 10 1/O	
3	New director's details	Please provide any previous names which have been used for business purposes in the past 20 years.
Title*	MR	
Full forename(s)	JOHN JOSEPH	
Surname	IVERS	Marned women do not need to give former names unless previously used for business purposes
Former name(s) •		Continue in section 6 if required
Country/State of residence	UNITED KINGTOM	Country/State of residence This is in respect of your usual
Nationality	BRITISH	residential address as stated in Section 4a
Date of birth	1217 1017 1191612	Business occupation
Business occupation (if any)	COMPANY MRECTOR	If you have a business occupation, please enter here If you do not, please leave blank
4	New director's service address ♥	
	Please complete your service address below You must also complete your usual residential address in Section 4a	• Service address This is the address that will appear on the public record This does not have to be your usual residential
Building name/numbe	BROOK LODGE	
Street	SANDON BROOK MANOR	address Please state 'The Company's
	MALJON ROAS	Registered Office' if your service address is recorded in the company's
Post town	CHELMSFORD	register of directors as the company's registered office If you provide your residential address here it will appear on the public record
County/Region	ESSEX	
Postcode	CM2 7RZ	
Country	UNITED KINGLOM	

APO1 Appointment of director

Authorising signature Signature Signature Signature This form may be signed and authorised by Oricetor • Secretary, Person authorised of Additional former names (continued from Section 3) Additional former names (continued from Section 3)	a (SE) please sert details SE the persor IP 70 or 274 of
Authorising signature This form may be signed and authorised by Director •, Secretary, Person authorised P. Administrator, Administrator, Administratore Receiver, Bacower, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor: Additional former names (continued from Section 3) Additional former names Use this space to enter	a (SE) please sert details SE the persor ip 70 or 274 of
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Former names Additional former na Use this space to enter	
Use this space to enter	

Presenter information You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form The contact information you give will be visible to searchers of the public record

Contact name DAVIS COLLISON

Company name NESTOR HEALTHCARE

GROUP PLC

Address BEACONIFIEDS COURT

BEACONIFIEDS KORA

Post town HATFIELS

County/Region HEATFIELS

County/Region HEATFIELS

County/Region HEATFIELS

County UNITED KINODOM

DX

Telephone 9/707 255631

✓ Checklist

We may return forms completed incorrectly or with information missing

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register
- ☐ You have provided a business occupation if you have one
- You have provided a correct date of birth
- ☐ You have completed the date of appointment
- ☐ You have completed the nationality box in Section 3
- You have provided both the service address and the usual residential address
- Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- You have included all former names used for business purposes over the last 20 years
- ☐ You have enclosed a relevant section 243
 application if applying for this at the same time as completing this form
- ☐ The new director has signed the form
- You have provided an authorising signature

Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses

✓ Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below

For companies registered in England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff

For companies registered in Scotland
The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

For companies registered in Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1

Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE

Further information

For further information please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk