

Please complete in typescript, or in bold black capitals.
CHFP000

COMPANIES HOUSE

19/02/05

288a

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

| Company Number | | | 5 3 0 9 7 6 7 | | | | | | | | | |
|--|---|---------------------------|--|------|------------|--------------|--------------|---------------------------|------|-----|-------------------------------|--|
| Co | CLINICAL EXCELLENCE PARTNERSHIP | | | | | | | | | | | |
| | NOMINEES LIMITED | | | | | | | | TE D | | | |
| | | | Day Mo | onth | Year | | | Day | Mon | th | Year | |
| Appointment form Notes on completion appear on reverse. | | Date of appointment | 2 8 0 | l a | 005 | TDa Bir | ate of th | 24 | 0 | 1 | 965 | |
| | Appointn | nent as director | / | | as secreta | ry | | e mark the irector and | | | f appointment i oth boxes. | |
| | NAME | *Style / Title | DR | | | *Hono | ours etc | | | | | |
| | | Forename(s) | ALI | | | | | | | | | |
| | | Surname | PARSADOUST | | | | | | | | | |
| | | Previous Forename(s) | | | | | | | | | | |
| | Usu | al residential address | HYDE | PAR | K LOF | T, 7 | Q | UE | ENS | NA | 47 | |
| | LONDON Postcode W2 | | | | | | | | | | | |
| | Country | | | | | | | | | | | |
| †Nationality | | | BRITISH †Business occupation Financiar | | | | | | | | w | |
| †Other directorships (additional space overleaf) Consent signature * Voluntary details. † Directors only. ***Delete as appropriate Signed | | | · | | | | | | | | | |
| | | | I consent to act as ** director / secretary of the above named company | | | | | | | | | |
| | | | MA | | dans | | | ite | 28 | JAN | 2005 | |
| | | | A director, secretary eta must sign the form below. | | | | | | | | | |
| | | | | 413 | EUS1 | n cretary | Da | ate | 28 | JAN | 2005 | |
| | | | (**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 | | | WHITE ROSE FORMATIONS LTD | | | | | | | | | |
| | | | Sovereign House, | | | | | | | | | |
| the person Compa | 7 Station Road, KETTERING | | | | | | | | | | | |
| contact if there is any query. | | | Northants. NN15 7HH DX number DX exchange | | | | | | | | | |
| | When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff | | | | | | | | | | | |

for companies registered in England and Wales

for companies registered in Scotland

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

DX 235 Edinburgh

| | 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 preceded 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.