

Please complete in typescript, or in bold black capitals.

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

of particulars (use Form 288c))

| CHWP000 Company Num | | ny Number | 53289 | 182 | | | | | | |
|---|--|--------------|--|-----------------|-------------|---------------------|-------------|------------------|---------|--|
| Company Name in full | | | PATIENT OPINION LIMITED | | | | | | | |
| | | | | | | | _ | | | |
| | | Date of | Day Month | Yea | ır | †Date of | Day | Month | Year | |
| | | appointment | 0504 | 21010 | 216 | Birth | 2° | 1101 | 191519 | |
| form | Appointment as director NAME *Style / Title | | as secretary Please mark the appropriate box. If appo as a director and secretary mark both bo. | | | | | | | |
| | | | Doc | 20 | | *Honours et | С | | | |
| appear on reverse. | | Forename(s) | JAMES FARQUITARSON | | | | | | | |
| | Surname | | MUNRO | | | | | | | |
| | Previous Forename(s) | | Previous Surname(s) | | | | | | | |
| Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985 | ^{††} Usual residential address | | 38 THOMPSON ROAD | | | | | | | |
| | | Post town | SHEFFIELD PO | | | | code | SII | 8RB | |
| | County / Region | | S . Y. | orks | | Co | untry | UK. | , | |
| | | †Nationality | BRITIS | 1 | †Busi | ness occupat | tion P | UBLISHE | ٤ | |
| †Other directorships (additional space overleaf) Consent signature | | | DIRECTOR OF HEALTH MATTERS PUBLICATIONS LID | | | | | | | |
| | | | I consent to act as ** director / secretary of the above named company | | | | | | | |
| * Voluntary details. † Directors only. **Delete as appropriate | | | Some | 5 X | 12 |) · Di | ate (| 15.4 | · 2006. | |
| | | | A director, set relary etc must sign the form below. | | | | | | | |
| | | Signed | | <u>~/</u> | 1 | D | ate (| t MA | 406 | |
| You do not have to give any contact information in the box opposite but if you do, it will help Companies House to | | | (**a director(secreta | iry / administr | rator / adm | ninistrative receiv | er / receiv | ver manager / re | ceíver) | |
| | | | | | | | | | | |
| contact you if the form. The contac | | | | | | | | | | |
| give will be visible to searchers of the | | | Tel 0(14 281 6256. | | | | | | | |
| public record | DX number DX exchange | | | | | | | | | |
| | | | When you have completed and signed the form please send it to the | | | | | | | |

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COMPANIES HOUSE

Registrar of Companies at:

DX 33050 Cardiff 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 or LP - 4 Edinburgh 2

| | Company Number | |
|-------------------|----------------------------------|--|
| † 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.