

DX 235 Edinburgh

Please complete in typescript, or in bold black capitals.

CHFP016

APPOINTMENT of director or secretary

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

| | Company Number | 5478248 | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|
| Cor | npany Name in full | PRIMAST MEDICAL SERVICES LIMITED | | | | | | | | |
| | | Day Month Year Day Month Year | | | | | | | | |
| | Date of appointment | 1 00% 2005 † Date of birth 1 6 04 1955 | | | | | | | | |
| Appointment form | Appointment as director | as secretary Please mark the appropriate box. If appointment is as a director and secretary mark both boxes. | | | | | | | | |
| | NAME *Style / Title | *Honours etc | | | | | | | | |
| Notes on completion appear on reverse. | n Forename(s) | KATHKEEN | | | | | | | | |
| | Surname | น้อหนร. ผ | | | | | | | | |
| | 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 | 2 THE MOINT | | | | | | | | |
| | Post town | POSTCODE WF8 120 | | | | | | | | |
| | County / Region | WEST YSEKSHIPE Country ENGLAND | | | | | | | | |
| | † Nationality | BRITISH Business occupation NURSE | | | | | | | | |
| (а | † Other directorships dditional space overleaf) | I consent to act as ** director / secretary of the above named company | | | | | | | | |
| * Voluntary details. | Consent signature | Komean Date 10.6.05 | | | | | | | | |
| † Directors only. ** Delete as appropriate. | | A director, secretary etc must sign the form below. | | | | | | | | |
| | Signed | for and on behalf of York Place Company Nomina. | | | | | | | | |
| | to give any contact | (** a director's secretary / administrator / administrative receiver / receiver manager / receiver) | | | | | | | | |
| do, it will help Co | e box opposite but if you ompanies House to ere is a query on the | YORK PLACE COMPANY SERVICES LIMITED | | | | | | | | |
| form. The contact | t information that you to searchers of the | 12 YORK PLACE LEEDS | | | | | | | | |
| public record. | | LS1 2DS Tel 0113 242 0222 | | | | | | | | |
| | | DX number 26436 DX exchange LEEDS PARK SQUARE | | | | | | | | |
| A59 *AZ COMPANIES HOUS Form April 2002 | TAA690* 0521 E 18/06/05 | When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland | | | | | | | | |

| | Company Number | | | | | | ,4 | , |
|------------------|-----------------------|------|---|------|---|------|----|---|
| † 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 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 5 years.

You may exclude a company which either is, or at all times during the past 5 years when the person 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.