

Please complete in typescript, or in bold black capitals.

CHFP029

288a

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

.												
Company Number			5489821									
Company Name in full			EQUION HEALTH (BARTS) LIMITED									
			Day Month Year Day Month					Year				
		Date of appointment	0 5 1 2 2 0 0	5	[†] Date o Birth	f 2	5 (7	1	9 7	1	
• •	Appointment as director		✓ as sec	retary		ase mark ti a director a						
form Notes on completion appear on reverse.	NAME	*Style / Title	Ms		*Honours	etc						
		Forename(s)	Lellani Mae									
		Sumame	Frew									
		Previous	Previous									
** Tinto Africa Income Middle	†† I le	Forename(s) ual residential	Surname(s)									
TT Tick this box if the address shown is a service address for		address	Suite 6, Eglinton Road, Glebe									
the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985		Post town	Sydney		Po	stcode	2037					
	C	ounty / Region	Country Australia									
		†Nationality	New Zealand †Business occupation Solution Executive									
	†Oth	er directorships	See attached list									
(additional space overleaf)		I consent to act as ** director / Sichtitisty of the above named company										
Consent signatur			Xenani Fren	9		Date	nq.	01.	20	206	ı	
* Voluntary details. † Directors only.			A director, secretary etc must sign the form below.									
**Delete as appropriate	•	Signed	1.6.	1		Date	19	01	20	006		
You do not have	to give	any contact	(**ar cirecto r / secretary / administra	dor/edm	ninistrative rec	e <u>iver/mc</u>	eivez m	anager	recei	ver) -		
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you			MISS S.P. ROYE, JOHN LAING DLC									
			ALLINGTON HOUSE ISO VICTORIA ST									
give will be visible			LONDON SWIESIBTO 0207 901 3.200									
public record			DX number DX exchange									
AD4 *ACUSLCCH* 657			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 HOU	ISE	24/01/2006	Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh or 1.P. 4 Edinburgh									

	Company Number	5489821					
† Directors only.	†Other directorships	HEALTHCARE SUPPORT (NEWCASTLE) FINANCE PL	С				
		HEALTHCARE SUPPORT (NEWCASTLE) HOLDINGS LIMITED					
NOTES		HEALTHCARE SUPPORT (NEWCASTLE) LIMITED					
NOTES							
or secretary is a corpora	, NOT INITIALS. If the director tion or Scottish firm, show the nd registered or principal office 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							
•	me by which that person was adopted the title or succeeded						
Other directorships							
Britain of which the perso	ompany incorporated in Great n concerned is a director or y time in the past five years.						
You may exclude a comp times during the past five concerned was a director							
- domnant							
 a parent company which making the return, or 	wholly owned the company						
 another wholly owned subsidiary of the same parent company. 							
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