Section 167 of the Companies Act 2006

## **APU1**

## Appointment of director



Go online to file this information www gov uk/companieshouse

✓ What this form is for

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

What this form is NOT f You cannot use the form a corporate director To d please use form AP02 'Ar of corporate director'



A27 30/03/2016 COMPANIES HOUSE

#279

| 1                            | Company details                                                                                                         |                                                                                                                        |  |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--|
| Company number               | 0 9 8 7 1 2 1 1                                                                                                         | Filling in this form     Please complete in typescript or in bold black capitals                                       |  |
| Company name in full         | Enro Holdings Limited                                                                                                   |                                                                                                                        |  |
|                              |                                                                                                                         | All fields are mandatory unless specified or indicated by *                                                            |  |
| 2                            | Date of director's appointment                                                                                          |                                                                                                                        |  |
| Date of appointment          | 10 12 10 12 10 11 16 U.                                                                                                 |                                                                                                                        |  |
| 3                            | New director's details                                                                                                  | Former name(s)                                                                                                         |  |
| Title *                      | Mrs                                                                                                                     | Please provide any previous names<br>(including maiden or married names)                                               |  |
| Full forename(s)             | Lucy Jane                                                                                                               | which have been used for business purposes in the last 20 years                                                        |  |
| Surname                      | Viggers                                                                                                                 | Continue in section 7 if required                                                                                      |  |
| Former name(s) •             | Garrett                                                                                                                 | Country/State of residence     This is in respect of your usual                                                        |  |
| Country/State of residence 2 | United Kingdom                                                                                                          | residential address as stated in section 4a                                                                            |  |
| Nationality                  | British                                                                                                                 | Month and year of birth     Please provide month and year only                                                         |  |
| Month/year of birth 1        | X X <sup>m</sup> 1 <sup>m</sup> 2 <sup>y</sup> 1 <sup>y</sup> 9 <sup>y</sup> 7 <sup>y</sup> 8                           | Provide full date of birth in section 3a                                                                               |  |
| Business occupation (if any) | Director                                                                                                                | Business occupation     If you have a business occupation,     please enter here If you do not,     please leave blank |  |
| 4                            | New director's service address <b>⊙</b>                                                                                 |                                                                                                                        |  |
|                              | Please complete your service address below You must also complete your usual residential address in <b>Section 4a</b> . | Service address This is the address that will appear on the public record. This does not                               |  |
| Building name/number         | The Company's Registered Office                                                                                         | have to be your usual residential address                                                                              |  |
| Street                       |                                                                                                                         | Please state 'The Company's<br>Registered Office' if your service<br>address is recorded in the company's              |  |
| Post town                    |                                                                                                                         | register of directors as the company's registered office                                                               |  |
| County/Region                |                                                                                                                         | If you provide your residential                                                                                        |  |
| Postcode                     |                                                                                                                         | address here it will appear on the public record                                                                       |  |
| Country                      |                                                                                                                         |                                                                                                                        |  |

## Appointment of director

| Signature  Signature  Signature  This form may be signed and authorised by Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor  Societas Europaea If the form is being filed on behalf of a Societas Europaea (SE) pleadelete 'director' and insert details of which organ of the SE the personal signing has membership  Person authorised Under either section 270 or 274 or the Companies Act 2006  Additional former names (continued from Section 3)                      | This form may be signed and authorised by Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor  Signature  Signature  Signature  This form may be signed and authorised by Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver, 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 any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The company confirms that the person named in section 3 has consented to act as a director of the company named in section 1                                                             |                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| Former names   Additional former names Use this space to enter any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Former names   Additional former names Use this space to enter any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | This form may be signed and authorised by Director 1, Secretary, Person authorised 2, Administrator, Administrative Receiver, Receiver manager, Charity commission receiver and manager, | If the form is being filed on behalf of a Societas Europaea (SE) pleas delete 'director' and insert details of which organ of the SE the perso signing has membership  Person authorised Under either section 270 or 274 of |
| Use this space to enter any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Use this space to enter any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | additional former names (continued from Section 3)                                                                                                                                       | <del></del>                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                          | Use this space to enter any                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ֡֜֜֜֜֜֜֜֜֜֜֜֜֓֓֜֜֜֜֜֜֜֜֜֜֓֓֓֜֜֜֜֜֜֜֜֜֜                                                                                                                                                   | This form may be signed and authorised by Director ①, Secretary, Person authorised ②, Administrator, Administrative Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor       |

| Presenter information                                                                                                                                                                                                                                                  | Important 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.                                                       | Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth. |
| Contact name Rory Suggett                                                                                                                                                                                                                                              | Where to send                                                                                                                                                    |
| Company name Ashfords LLP                                                                                                                                                                                                                                              | You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:                     |
| Address Tower Wharf                                                                                                                                                                                                                                                    | For companies registered in England and Wales:                                                                                                                   |
| Cheese Lane                                                                                                                                                                                                                                                            | The Registrar of Companies, Companies House,<br>Crown Way, Cardiff, Wales, CF14 3UZ<br>DX 33050 Cardiff                                                          |
| Posttown Bristol                                                                                                                                                                                                                                                       | For companies registered in Scotland:                                                                                                                            |
| County/Region                                                                                                                                                                                                                                                          | The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2,                                                                                     |
| Postcode B S 2 0 J J  Country UK                                                                                                                                                                                                                                       | 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF<br>DX ED235 Edinburgh 1<br>or LP - 4 Edinburgh 2 (Legal Post)                                                   |
| DX 151760 Bristol 30                                                                                                                                                                                                                                                   | For companies registered in Northern Ireland:                                                                                                                    |
| Telephone 0117 321 8067                                                                                                                                                                                                                                                | The Registrar of Companies, Companies House,<br>Second Floor, The Linenhall, 32-38 Linenhall Street,                                                             |
| ✓ Checklist                                                                                                                                                                                                                                                            | Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1                                                                                                          |
| We may return forms completed incorrectly or with information missing.                                                                                                                                                                                                 | Section 243 exemption If you are applying for, or have been granted a section                                                                                    |
| Please make sure you have remembered the following:  The company name and number match the information held on the public Register                                                                                                                                     | 243 exemption, please post this whole form to the different postal address below The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE                      |
| You have completed the date of appointment You have included all former names used for                                                                                                                                                                                 | Further information                                                                                                                                              |
| business purposes over the last 20 years                                                                                                                                                                                                                               |                                                                                                                                                                  |
| You have completed the nationality box You have provided the month and year of birth in section 3                                                                                                                                                                      | For further information please see the guidance notes on the website at www gov uk/companieshouse or email enquiries@companieshouse gov uk                       |
| You have provided a business occupation if you have one                                                                                                                                                                                                                | This form is available in an                                                                                                                                     |
| You have provided your full date of birth in                                                                                                                                                                                                                           | alternative format. Please visit the                                                                                                                             |
| section 3a  You have provided both the service address and the                                                                                                                                                                                                         | forms page on the website at                                                                                                                                     |
| usual residential address  Addresses must be a physical location. They cannot                                                                                                                                                                                          | www.gov.uk/companieshouse                                                                                                                                        |
| be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number  You have enclosed a relevant section 243 application if applying for this at the same time as completing this form  You have ticked the consent to act statement |                                                                                                                                                                  |
| You have signed the form                                                                                                                                                                                                                                               |                                                                                                                                                                  |

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