

OS TN01

Transitional return by a UK establishment of an overseas company



A2ED3S29

A35 09/08/2013 #3

COMPANIES HOUSE

A27B9LKH

A21 29/04/2013 #55

COMPANIES HOUSE

☒ **What this form is for**
You may use this form to register
a UK establishment where you
have previously registered a place
of business

☐ **What this form is NOT for**
You cannot use this form to register
the details of an existing UK
officer or establishment

FRIDAY

Part 1 Overseas company details

A1 Corporate company name

Overseas company number ① F C 0 0 2 4 5 1

Overseas company name registered in the UK ② THE SOUTHERN LIFE ASSOCIATION LIMITED

UK establishment number ③ B R 1 2 8 1 3

→ Filing in this form

Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

① This is the registered number of the company in the UK

② This is the corporate name or alternative name registered in the UK

③ This is the registered establishment number in the UK

A2 Particulars previously delivered

Have particulars about this company been previously delivered in respect of another UK establishment? ④

→ No. Go to Section A3

→ Yes. Please enter the registration number below and then go to Part 3 of the form. Please note the original UK establishment particulars must be filed up to date.

UK establishment number B R

④ The particulars are: legal form, identity of register, number in registration, director and secretaries details, whether the company is a credit or financial institution, law, governing law, accounting requirements, objects, share capital and accounts.

A3 Credit or financial institution

Is the company a credit or financial institution?

Please tick one box

☒ Yes

☐ No

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A4	Company details								
	If the company is registered in its country of incorporation, please enter the details below								
Legal form ^①	PUBLIC COMPANY (LIMITED)	^① This includes whether the company is a private or public company or whether or not the company is limited ^② This will be the registry where the company is registered in its parent country							
Country of incorporation *	SOUTH AFRICA								
Identity of register in which it is registered ^②	COMPANIES AND INTELLECTUAL PROPERTY COMMISSION								
Registration number in that register	1904/002186/06								
A5	EEA or non-EEA member state								
	Was the company formed outside the EEA? → Yes Complete Sections A6 and A7 → No Go to Section A7								
A6	Governing law and accounting requirements								
	Please give the law under which the company is incorporated	^① This means the relevant rules or legislation which regulates the incorporation of companies in that state							
Governing law ^①	COMPANIES ACT 1973 (DULY AMENDED BY COMPANIES ACT 71 OF 2008)								
	Is the company required to prepare, audit and disclose accounting documents under parent law? → Yes. Complete the details below → No Go to Part 2								
	Please give the period for which the company is required to prepare accounts by parent law								
From	<table border="1"><tr><td>^d0</td><td>^d1</td><td>^m0</td><td>^m7</td></tr></table>		^d 0	^d 1	^m 0	^m 7			
^d 0	^d 1	^m 0	^m 7						
To	<table border="1"><tr><td>^d3</td><td>^d0</td><td>^m0</td><td>^m6</td></tr></table>	^d 3	^d 0	^m 0	^m 6				
^d 3	^d 0	^m 0	^m 6						
	Please give the period allowed for the preparation and disclosure of accounts for the above accounting period								
Months	<table border="1"><tr><td>0</td><td>6</td></tr></table>	0	6						
0	6								
A7	Latest disclosed accounts								
	Are copies of the latest disclosed accounts being sent with this form? Please note if accounts have been disclosed, a copy must be sent with the form, and, if applicable, with a certified translation ^① <input type="checkbox"/> Yes Please indicate what documents have been disclosed <input type="checkbox"/> Please tick this box if you have enclosed a copy of the accounts <input type="checkbox"/> Please tick this box if you have enclosed a certified translation of the accounts <input type="checkbox"/> Please tick this box if no accounts have been disclosed <input type="checkbox"/> Please tick this box if accounts have been filed for another UK establishment. Please give the registration number below and go to Part 3	^① Please tick the appropriate box(es)							
UK establishment number	B R <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								

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Part 2 Principal place of business**B1**

	Please give the address of the principal place of business or registered office in the country of incorporation ❶		❶ This address will appear on the public record ❷ Please give a brief description of the company's business. ❸ Please specify the amount of shares issued and the value
Building name/number	MOMENTUM BUILDING		
Street	268 WEST AVENUE		
Post town	CENTURION		
County/Region	GAUTENG		
Post code	0157		
Country	SOUTH AFRICA		
	Please give the objects of the company and the amount of issued share capital		
Objects of the company ❷	LIFE INSURANCE		
Amount of issued share capital ❸	189,695,508 SHARES ISSUED, VALUE R9 MILLION (RAND)		

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Part 3 UK establishment details**C1****Documents previously delivered – accounting documents**

Has the company previously delivered a copy of the company's accounting documents with material delivered in respect of another UK establishment?

Please tick the appropriate box

- ☐ No. Go to **Section C2**
- ☐ Yes Please enter the UK establishment number below and then go to **Section C2**

UK establishment
numberB R **C2****Delivery of accounts and reports**

Please state if the company intends to comply with accounting requirements with respect of this establishment or in respect of another UK establishment

Please tick the appropriate box

- ☒ In respect of this establishment Please go to **Section C3**
- ☐ In respect of another UK establishment Please give the registration number below and then go to **Section C3**

UK establishment
numberB R **C3****Particulars of UK establishment ①**

Please enter the name and address of the UK establishment

Name of
establishment

SOUTHERN LIFE ASSOCIATION LIMITED

Building name/number

40 MR D HOLLINGWORTH 9

Street

60 ST MARY AVENUE

Post town

County/Region

LONDON

Post code

E C 3 A 8 J Q

Country

UNITED KINGDOM

Business carried on at
the UK establishment

LIFE INSURANCE

① Address

This is the address that will appear on the public record

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Part 4**Permanent representative**

Please enter the name and address of every person authorised to represent the company as a permanent representative of the company in respect of the UK establishment

D1**Permanent representative's details**

Please use this section to list all the permanent representatives of the company
Please complete Sections D1-D4

Continuation pages
Please use a continuation page if you need to enter more details

Full forename(s)

LEON

Surname

BASSON

D2**Permanent representative's service address ①**

Building name/number

MOMENTUM

Street

268 WEST STREET

Post town

CENTURION

County/Region

GAUTENG

Post code

0 1 5 7

Country

SOUTH AFRICA

① Service address

This is the address that will appear on the public record. This does not have to be your usual residential address.

If you provide your residential address here it will appear on the public record.

D3**Permanent representative's authority**

Please enter the extent of your authority as permanent representative
Please tick one box

Extent of authority

☐ Limited ②☒ Unlimited

Description of limited authority, if applicable

Are you authorised to act alone or jointly? Please tick one box

☒ Alone☐ Jointly ③

If applicable, name(s) of person(s) with whom you are acting jointly

② If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below

③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below

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Part 5

Person authorised to accept service

Does the company have any person(s) in the UK authorised to accept service of documents on behalf of the company in respect of its UK establishment?

→ Yes Please enter the name and service address of every person authorised below

→ No Tick the box below and then go to Part 6 'Signature'

☒ If there is no such person, please tick this box

E1

Details of person authorised to accept service of documents in the UK

Please use this section to list all the persons' authorised to accept service below
Please complete Sections E1-E2

Continuation pages
Please use a continuation page if necessary

Full forename(s)

LEON

Surname

BAGSON

E2

Service address of person authorised to accept service ①

Building name/number

MOMENTUM

Street

268 WEST STREET

Post town

CENTURION

County/Region

SAUTENG

Postcode

0 1 5 7

Country

SOUTH AFRICA

① Service address

This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable.

Part 6

Signature

This must be completed by all companies

I am signing this form on behalf of the company

Signature

Signature

X



X

This form may be signed by
Directors, Secretary, Permanent representative

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Presenter 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.

Contact name LEON BASSON

Company name SOUTHERN LIFE ASSOCIATION LIM

Address 268 WEST AVENUE

Post town CENTURION

Country/Region GAUTENG

Postcode 0 1 5 7

Country SOUTH AFRICA

DX

Telephone +27126718911



Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following

- ☐ The overseas corporate name on the form matches the registered name
- ☐ You have included a copy of the latest disclosed accounts and certified translations, if appropriate.
- ☐ You have completed all of the company details in Section A4 if the company has not registered an existing establishment
- ☐ You have completed the officer details in Part 4
- ☐ Any addresses given must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number
- ☐ You have signed the form



Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.



Where to send

You may return this form to any Companies House address.

England and Wales:

The Registrar of Companies, Companies House,
Crown Way, Cardiff, Wales, CF14 3UZ
DX 33050 Cardiff

Scotland.

The Registrar of Companies, Companies House,
Fourth floor, Edinburgh Quay 2,
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF
DX ED235 Edinburgh 1
or LP - 4 Edinburgh 2 (Legal Post)

Northern Ireland

The Registrar of Companies, Companies House,
Second Floor, The Linnenhall, 32-38 Linnenhall Street
Belfast, Northern Ireland, BT2 8BG
DX 481 NR Belfast 1

Higher protection

If you are applying for, or have been granted, higher protection, please post this whole form to the different postal address below

The Registrar of Companies, PO Box 4082,
Cardiff, CF14 3WE



Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk