



Companies House

BR 001786

CHV1000

This form should be completed in
full.

This notice must be delivered to the
Registrar within 21 days of the
alteration being made.

Return of change of person authorised to represent the company or of any change in their particulars

(Particulars of persons authorised to represent the company)

Company number

FC 007432

Branch number

BR 001786

Company name

UNICREDITO ITALIANO SPA

Branch name

(If different to
company name)

TERMINATION OF AUTHORITY

See overseas for
appointments and
changes of directors

Date of termination

Day Month Year

01 08 2005

Position vacated

(Mark appropriate boxes)



Person authorised to represent the company



Person authorised to represent the company in relation to the company

Complete these details of
resignation of any person
authorised to represent the
company or of any person
authorised to represent the company in
relation to the company in
relation to the company in
relation to the company in

Name

MR C MAZZA

Address

1 BOURNE STREET

LONDON

SW1W 8JU

You do not have to give any contact
information on the form 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 give will be vis-
ible to searchers of the public record.

(04-02)

ALAN CHAPMAN, Compliance Officer
UNICREDITO ITALIANO SPA, 17 Moorgate
LONDON EC2R 6PH

Tel. 020 7886 6191

When completed, this form should be delivered to the registrar on page 4



A27
COMPANIES HOUSE

438
03/12/2005

A23
COMPANIES HOUSE

530
18/11/2005

APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

†† 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

☐

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title

MR

Forenames

ROBERTO

Surname

POLLARA

Address ††

20 MARRYAT SQUARE
WYFOLD ROAD

Post town

LONDON

County / Region

Postcode SW6 6UA

☒ Is authorised to accept service of process on the company's behalf

* AND/OR

☒ Is authorised to represent the company in relation to that business

Day Month Year

Date of appointment

01 08 2005

The authority to represent the company is :-

Is # ☒ Authorised to accept service of process on the company's behalf

* AND/OR

Is # ☒ Authorised to represent the company in relation to that business

The extent of the authority to represent the company is :- (give details)

~~AS EXPRESSED IN~~ IN THE COMPANY'S
'STATUTE' (ARTICLES OF ASSOCIATION)

These powers :-

☐ May be exercised alone

OR

☒ Must be exercised with :-

(Give name(s) of co-authorised person(s))

MR R TUBB

CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

Change of name

Name previously notified to Companies House

New name

Change of residential address ^{††} (enter new address)

^{††} 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

☐

Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)

Mark appropriate box

Date of		Day	Month	Year
<input type="checkbox"/>	<input type="checkbox"/>			

- ☐ Change of particulars of person authorised to accept service
- ☐ Change of particulars of person authorised to represent the company

Forenames

Surname

Forenames

Surname

Address

Post town

County / Region

Postcode

Country

The extent of the authority of the above person to represent the company has been altered to :- [give details]

The powers :-

☐ May be exercised alone

OR

☐ Must be exercised with : (Give name(s) of co-authorised person(s))

Signature

Signed

/ Permanent represent)

Date

* (director / Secretary

* Delete as applicable