



Companies House
for the record

BR6

CHFP000

This form should be completed in black.

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

Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

~~FC~~ 7432

Branch number

BR 001786

Company name

UNICREDITO ITALIANO SPA

Branch name

(if different to corporate name)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day Month Year

01 09 2001

Position vacated

(Mark appropriate box(es))



Person authorised to accept service on the company's behalf



Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Name MR GIORGIO CUCCOLO

Address FLAT 3, 73 PONT STREET

LONDON

SW1X 0BH.

To whom should Companies House direct any enquiries about the information on this form.

MR ALAN CHAPMAN

COMPLIANCE OFFICER

Tel. (020) 7778 6191



AD9
COMPANIES HOUSE

0326
04/10/01

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

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.

* 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 CARMELD
Surname MAZZA
Address C/O UNICREDITO ITALIANO SPA
17 MOORGATE
Post town LONDON
County / Region _____ Postcode EC2R 6PH.

☒ 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

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 0 | 1 | 0 | 9 | 2 | 0 | 0 | 1 |
|---|---|---|---|---|---|---|---|

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)

These powers :-

☐ May be exercised alone

OR

☒ Must be exercised with :-

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

MR P. W. Jarman

C/O UNICREDITO ITALIANO SPA

17 MOORGATE

LONDON EC2R 6PH.

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)

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

Signature

* Delete as applicable

Date of change

| Day | Month | Year |
|-----|-------|------|
| | | |

☐

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))

Signed

*(director / Secretary / Permanent represent)

Date

3rd October 2001

When completed, this form should be delivered to :-

For branches registered in England and Wales

The Registrar of Companies
Companies House
Crown Way
Cardiff
CF4 3UZ

For branches registered in Scotland

The Registrar of Companies
Companies House
37 Castle Terrace
Edinburgh
EH1 2EB