

OS TN01

Transitional return by a UK establishment of an overseas company



☒ **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
provide the details of an existing
officer or establishment

WEDNESDAY



A46 10/11/2010 233
COMPANIES HOUSE

Part 1 Overseas company details

A1	Corporate company name	
Overseas company number ①	F C 0 0 9 7 0 9	<p>→ Filing in this form Please complete in typescript or in bold black capitals.</p> <p>All fields are mandatory unless specified or indicated by *</p> <p>① This is the registered number of the company in the UK</p> <p>② This is the corporate name or alternative name registered in the UK</p> <p>③ This is the registered establishment number in the UK</p>
Overseas company name registered in the UK ②	ASM UNITED KINGDOM SALES BV	
UK establishment number ③	B R 0 1 2 4 0 3	

A2	Particulars previously delivered <p>Have particulars about this company been previously delivered in respect of another UK establishment? ④</p> <p>→ No Go to Section A3</p> <p>→ 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</p>	<p>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.</p>
UK establishment number	B R	

A3	Credit or financial institution <p>Is the company a credit or financial institution?</p> <p>Please tick one box</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>
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A4**Company details**

	If the company is registered in its country of incorporation, please enter the details below	<p>① This includes whether the company is a private or public company or whether or not the company is limited</p> <p>② This will be the registry where the company is registered in its parent country</p>
Legal form ①	Private Limited liability Company (Dutch B V)	
Country of incorporation *	The Netherlands	
Identity of register in which it is registered ②	Chamber of Commerce	
Registration number in that register	Gooi-, Eem- en Flevoland 30056406	

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	<p>③ This means the relevant rules or legislation which regulates the incorporation of companies in that state</p>																			
Governing law ③	Civil Code Book 2 (boek2 bw)																				
	Is the company required to prepare, audit and disclose accounting documents under parent law?																				
	<p>→ Yes. Complete the details below</p> <p>→ No Go to Part 2</p>																				
	<p>Please give the period for which the company is required to prepare accounts by parent law</p> <table border="1"> <tr> <td>From</td> <td>d</td> <td>0</td> <td>d</td> <td>1</td> <td>m</td> <td>0</td> <td>m</td> <td>1</td> </tr> <tr> <td>To</td> <td>d</td> <td>3</td> <td>d</td> <td>1</td> <td>m</td> <td>1</td> <td>m</td> <td>2</td> </tr> </table> <p>Please give the period allowed for the preparation and disclosure of accounts for the above accounting period</p> <p>Months</p> <table border="1"> <tr> <td>0</td> <td>7</td> </tr> </table>		From	d	0	d	1	m	0	m	1	To	d	3	d	1	m	1	m	2	0
From	d	0	d	1	m	0	m	1													
To	d	3	d	1	m	1	m	2													
0	7																				

** No Audit Req'd*
Non Disclosure - Exemption Rule 403 APPLIED

A7**Latest disclosed accounts**

	<p>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 ④</p> <p><input type="checkbox"/> Yes</p> <p>Please indicate what documents have been disclosed</p> <p><input type="checkbox"/> Please tick this box if you have enclosed a copy of the accounts</p> <p><input type="checkbox"/> Please tick this box if you have enclosed a certified translation of the accounts</p> <p><input checked="" type="checkbox"/> Please tick this box if no accounts have been disclosed</p> <p><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</p>	<p>④ Please tick the appropriate box(es)</p>							
UK establishment number	<table border="1"> <tr> <td>B</td> <td>R</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		B	R					
B	R								

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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	ASM										
Street	Versterkerstraat 8										
Post town	Almere										
County/Region	The Netherlands										
Post code	1	3	2	2	A	P					
Country	The Netherlands										
	Please give the objects of the company and the amount of issued share capital										
Objects of the company ❷	Selling of spare parts and/or service on behalf of ASM group										
	relating to semiconductor manufacturing equipment										
Amount of issued share capital ❸	Euro € 11,344 75										

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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 <input checked="" type="checkbox"/> No Go to Section C2 <input type="checkbox"/> Yes Please enter the UK establishment number below and then go to Section C2	
UK establishment number	B R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 <input checked="" type="checkbox"/> In respect of this establishment Please go to Section C3 <input type="checkbox"/> In respect of another UK establishment Please give the registration number below and then go to Section C3	
UK establishment number	B R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
C3	Particulars of UK establishment • Please enter the name and address of the UK establishment	① Address This is the address that will appear on the public record
Name of establishment	ASM United Kingdom Sales BV	
Building name/number	16	
Street	Branxton Wynd	
Post town	Kirkcaldy	
County/Region	FIFE	
Post code	K Y 1 <input type="text"/> <input type="text"/> 1 S F <input type="text"/>	
Country	Scotland	
Business carried on at the UK establishment	Customer Services for Semiconductor Manufacturing Equipment	

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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)

DALE ANDREW

Surname

ROBERTSON

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

Building name/number

16

Street

BRANXTON WYND

Post town

KIRKCALDY

County/Region

FIFE

Post code

K Y 1 1 S F

Country

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)

DALE ANDREW

Surname

ROBERTSON

E2

Service address of person authorised to accept service ①

Building name/number

16

Street

BRANXTON WYND

Post town

KIRKCALDY

County/Region

FIFE

Postcode

K Y 1 1 S F

Country

SCOTLAND

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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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) DALE ANDREW

Surname ROBERTSON

E2**Service address of person authorised to accept service ①**

Building name/number 16

Street BRANXTON WYND

Post town KIRKCALDY

County/Region FIFE

Postcode K Y 1 1 S F

Country SCOTLAND

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

J. N. Weale
Director

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 Dale Robertson

Company name ASM United Kingdom Sales B V

Address 16 Branxton Wynd

Post town Kirkcaldy

County/Region Fife

Postcode K Y 1 1 S F

Country Scotland

DX

Telephone 01592 205289



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 Linenhall, 32-38 Linenhall Street
Belfast, Northern Ireland, BT2 8BG
DX 481 N R 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