



CHWP000

This form should be completed in black.

# 692(1)(b)

Return of alteration in the directors or  
secretary of an overseas company or in  
their particulars.

Company number

CN FC1713/

Company name

AGRICULTURAL BANK OF CHINA LIMITED

## Appointment

(Turn over page  
for resignation  
and change of  
particulars).

Date of appointment

Appointment of director

Appointment of secretary

Day Month Year  
DA 1 3 0 1 2 0 0 9

CD ☒

CS ☐

Please mark the appropriate box.  
If appointment is as a director and secretary  
mark both boxes.

Mr.

Dong

Qiu

## NOTES

Show the full forenames. NOT INITIALS  
If the director or secretary is a  
Corporation or Scottish firm, show  
the name on surname line and  
registered or principal office on the  
usual residential address line.

Give previous forenames or surname  
except.

- for a married woman the name before  
marriage need not be given.  
- for names not used since the age of 18  
or for at least 20 years.

A peer or individual known by a title  
may state the title instead of or in  
addition to the forenames and surname.

Name

\* Style/title

Forenames

Surname

\* Honours etc

Previous forenames

Previous surname

Usual residential 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

☐

Post town

County/region

Postcode

Date of birth †

100000 Country China

Day Month Year  
DO 1 0 0 8 1 9 5 7

Nationality † NA Chinese

OC DIRECTOR

OD

In the case of an individual who

Occupation †  
None  
or ships.



A73

\*ANDN07QU\*  
27/02/2009  
COMPANIES HOUSE

258

\* Voluntary details † Directors only

Form revised 10/03

A serving director etc must also sign the form overleaf.

**(This includes any form of ceasing to hold office e.g. death or removal from office).**

Resignation etc, as secretary

Surname

If cessation is other than resignation, please state reason  
(eg death)

Complete this section  
in all cases where  
particulars have  
changed and then the  
appropriate section  
below.

Change of particulars, as secretary

Surname

(name previously notified to Companies House)

Date of birth (directors only)

**Change of name** *(enter new name)*

### Forenames

Surname

**Change of usual residential address** <sup>††</sup>  
(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 the section 723B of the Companies Act 1985**

11

Post town

County/region

Postcode

**Other change**

(please specify)

Day	Month	Year
DR	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
XD	<input style="width: 20px; height: 20px;" type="text"/>	<p><i>Please mark the appropriate box.</i></p> <p><i>If resignation etc is as a director and secretary</i></p> <p><i>mark both boxes.</i></p>
XS	<input style="width: 20px; height: 20px;" type="text"/>	

	Day	Month	Year						
DC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ZD	<input type="checkbox"/>	<p><i>Please mark the appropriate box.</i>  <i>If change of particulars is as a director and secretary mark both boxes.</i></p>							
ZS	<input type="checkbox"/>								
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>									
	Day	Month	Year						
DO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NN	<input type="checkbox"/>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>							
AD	<input type="checkbox"/>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>							
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Country									

**A serving ~~director / secretary~~ / person authorised must sign the form below.**

**Signature**

**Signed**

Date \_\_\_\_\_

**After signing please return the form to the Registrar  
of Companies at**

*England and Wales and in Scotland a separate form must be sent to each Registrar.*

You do not have to give any contact information in the box 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 visible to searchers of the public record.

or

Companies House, Crown Way, Cardiff CF14 3UZ  
for companies registered in England and Wales  
Companies House, 37 Castle Terrace, Edinburgh EH1 2EB  
for companies registered in Scotland

DX 235 Edinburgh  
or LP - 4 Edinburgh 2

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