

BR6

CHWP000

This form should be completed in

black.
This notice must be delivered to the

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

Company number

Company name

Branch name (if different to corporate name)

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

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

Day

Date of termination

Position vacated

(Mark appropriate box(es))

FC020636	Branch number	BR004169		
CP Ships Services Inc.				
		**		

Month

Year

Person authorised to represent the company

Person authorised to accept service

on the company's behalf

TERMINATION OF AUTHORITY

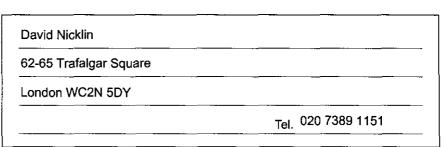
See overleaf for appointments and change of particulars

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.

lame	 	 	
ddress	 		
-	 		

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.

(04/02)





A23
COMPANIES HOUSE

0258 20/04/04 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. Tick this box if the address shown is a

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 David					
Surname Nicklin					
Address # 17 St. Francis Gardens					
Post town Copthorne					
County / Region West Sussex Postcode RH10 3JS					
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 , 7 0 , 4 2 , 0 , 0 , 4					
The authority to represent the company 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) Anything that the company by-loss allow					
These powers :- # May be exercised alone OR Must be exercised with :-					
(Give name(s) of co-authorised person(s))					

CHANGE OF	Day Month Year
PARTICULARS	Date of 1 1 1 1
Mark the appropriate box. If change relates to both positions, mark both boxes.	Change of particulars of person authorised to accept service Change of particulars of person authorised to represent the company
Change Name previously notified to Companies House	Surname
New name	Surname
(enter new address) "Tick this box if the address shown is a service address for	Address Post town
the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	Country / Region Postcode Country
Change of authority to act	
(this part does not apply to a person authorised to accept service on behalf of the company)	The extent of the authority of the above person to represent the company has been altered to :- [give details]
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)	The powers :- #
# Mark appropriate box	OR # Must be exercised with: (Give name(s) of co-authorised person(s))
Signature	Signed (director / Secretary) / Permanent represent) / G / G + C +
* Delete as applicable	Date

When completed, this form should be delivered to :-

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardi f CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB

DX 235 Edinburgh or LP - 4 Edinburgh 2

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