Transitional return by a UK establishment of ∠2009 د overseas company 03/02/2010 **COMPANIES HOUSE** A56 14/01/2010 112 **COMPANIES HOUSE** What this form is for What this form is NOT i A03 04/11/2009 You cannot use this form You may use this form to register 320 COMPANIES HOUSE the details of an existing a UK establishment where you officer or establishment \*AJF1TEFV\* have previously registered a place A15 of business 26/10/2009 13 COMPANIES HOUSE Overseas company details Part 1 Α1 Corporate company name Overseas company F C 0 2 2 3 9 5 → Filling in this form number 0 Please complete in typescript or in bold black capitals Overseas company **GSM MOU ASSOCIATION** name registered in All fields are mandatory unless specified or indicated by 1 the UK @ 13336 **UK** establishment This is the registered number of the company in the UK number 6 This is the corporate name or alternative name registered in the This is the registered establishment number in the UK A2 Particulars previously delivered Have particulars about this company been previously delivered in respect of O The particulars are legal form, identity of register, number in another UK establishment? 4 registration, director and secretaries Go to Section A3 → No details, whether the company is a credit or financial institution, law, Yes Please enter the registration number below and then go to governing law, accounting Part 3 of the form Please note the original UK establishment requirements, objects, share capital particulars must be filed up to date and accounts **UK** establishment 3 3 3 6 number Credit or financial institution **A3** Is the company a credit or financial institution? Please tick one box Yes X No

**OS** TN01

| A4                                                            | Company details                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                               | details below                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | This includes whether the company<br>is a private or public company or<br>whether or not the company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Legal form O                                                  | VEREIN PRIXE NON LIMITED.                                                                                                                                                                                                                                                                                                                                                                                                                                                     | is limited                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Country of incorporation *                                    | Sw. TZERLAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | This will be the registry where the company is registered in its parent country  The country the country is a country the country the country is a country that country is a country the country is a country that country is a country that country is a country the country is a country that |
| Identity of register<br>in which it is<br>registered <b>©</b> | REGISTRE DU COMMERCE                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Registration number in that register                          | CH - 660 - 1280995 - 4                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                   | This means the relevant rules or legislation which regulates the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Governing law                                                 | Switzerans                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | incorporation of companies in that state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                               | Is the company required to prepare, audit and disclose accounting documents under parent law?  → Yes Complete the details below                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                               | → No Go to Part 2                                                                                                                                                                                                                                                                                                                                                                                                                                                             | j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                                               | Please give the period for which the company is required to prepare accounts by parent law                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| From                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| То                                                            | d d m m N/A NO FRINCE                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                               | Please give the period allowed for the preparation and disclosure of accounts for the above accounting period                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Months                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| A7                                                            | Latest disclosed accounts                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                               | 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 Yes  Please indicate what documents have been disclosed  Please tick this box if you have enclosed a copy of the accounts  Please tick this box if you have enclosed a certified translation of the accounts  Please tick this box if no accounts have been disclosed | O Please tick the appropriate box(es)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| UK establishment                                              | Please tick this box if accounts have been filed for another UK establishment Please give the registration number below and go to Part 3  B R                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| number                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| 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 • | • This address will appear on the public record                                                                     |
| Buildingname/number              | 40 Pric                                                                                                           | Please give a brief description of the company's business  Please specify the amount of shares issued and the value |
| Street                           | AVENUE CIUBERRE - MOTTA SO                                                                                        |                                                                                                                     |
| Post town                        | Geneva                                                                                                            |                                                                                                                     |
| County/Region                    |                                                                                                                   |                                                                                                                     |
| Post co de                       |                                                                                                                   | -                                                                                                                   |
| Country                          | Please give the objects of the company and the amount of issued share capital                                     | -                                                                                                                   |
| Objects of the company <b>©</b>  | PROMOTION AND EVOLUTION OF THE (SIT) NETWORK                                                                      | -                                                                                                                   |
| Amount of issued share Capital 9 | MONE.                                                                                                             |                                                                                                                     |

| 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  No Go to Section C2  Yes Please enter the UK establishment number below and then go to Section C2                                          |                                                |  |
| UK esta blishment<br>number                   | B R                                                                                                                                                                                                                                                                                                                            |                                                |  |
| 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  In respect of this establishment Please go to Section C3  In respect of another UK establishment Please give the registration number |                                                |  |
| UK establishment                              | below and then go to Section C3                                                                                                                                                                                                                                                                                                |                                                |  |
| number                                        |                                                                                                                                                                                                                                                                                                                                |                                                |  |
| C3                                            | Particulars of UK establishment •                                                                                                                                                                                                                                                                                              |                                                |  |
|                                               | Please enter the name and address of the UK establishment                                                                                                                                                                                                                                                                      | • Address This is the address that will appear |  |
| Name of<br>establishment                      | GSM MOU ASSOCIATION                                                                                                                                                                                                                                                                                                            | on the public record                           |  |
| Building name/number                          | 7TH FLOOR,                                                                                                                                                                                                                                                                                                                     |                                                |  |
| Street                                        | 5 NEW STREET SQUARE                                                                                                                                                                                                                                                                                                            |                                                |  |
| Post town                                     | LONDON                                                                                                                                                                                                                                                                                                                         |                                                |  |
| County/Region                                 |                                                                                                                                                                                                                                                                                                                                |                                                |  |
| Post code                                     | E C 4 A 3 B F                                                                                                                                                                                                                                                                                                                  |                                                |  |
| Country                                       |                                                                                                                                                                                                                                                                                                                                |                                                |  |
| Business carried on at<br>he UK establishment | HEAD OFFICE                                                                                                                                                                                                                                                                                                                    |                                                |  |
|                                               |                                                                                                                                                                                                                                                                                                                                |                                                |  |

| 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 <b>Sections D1-D4</b>                                                | Continuation pages Please use a continuation page if you need to enter more details                                                                                                                    |  |
| Full forename(s)                                                              | Journan                                                                                                                                                               |                                                                                                                                                                                                        |  |
| Surname                                                                       | ATHINS                                                                                                                                                                |                                                                                                                                                                                                        |  |
| D2                                                                            | Permanent representative's service address •                                                                                                                          |                                                                                                                                                                                                        |  |
| Building name/number                                                          | 7TH FLOOR                                                                                                                                                             | • Service address                                                                                                                                                                                      |  |
| Street                                                                        | 5 New STREET SCHARE                                                                                                                                                   | 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. |  |
| Post town                                                                     | Levon                                                                                                                                                                 |                                                                                                                                                                                                        |  |
| County/Region                                                                 |                                                                                                                                                                       |                                                                                                                                                                                                        |  |
| Post code                                                                     | EC4A BBF                                                                                                                                                              |                                                                                                                                                                                                        |  |
| Country                                                                       |                                                                                                                                                                       |                                                                                                                                                                                                        |  |
| D3                                                                            | Permanent representative's authority                                                                                                                                  |                                                                                                                                                                                                        |  |
|                                                                               | Please enter the extent of your authority as permanent representative Please tick one box                                                                             | If you have indicated that the extent<br>of your authority is limited, please<br>provide a brief description of the                                                                                    |  |
| Extent of authority                                                           | ☐ Limited <b>②</b>                                                                                                                                                    | limited authority in the box below                                                                                                                                                                     |  |
|                                                                               | Unlimited                                                                                                                                                             | 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                                   |  |
| Description of limited authority, if applicable                               |                                                                                                                                                                       |                                                                                                                                                                                                        |  |
| deliterity it applicable                                                      | Are you authorised to act alone or jointly? Please tick one box                                                                                                       |                                                                                                                                                                                                        |  |
|                                                                               | □ Alone                                                                                                                                                               |                                                                                                                                                                                                        |  |
|                                                                               | ☐ Jointly <b>④</b>                                                                                                                                                    |                                                                                                                                                                                                        |  |
| If applicable, name(s)<br>of person(s) with<br>whom you are<br>acting jointly |                                                                                                                                                                       |                                                                                                                                                                                                        |  |

|                     | 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' |                                                                                                                                                        |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
|                     | authorised below  → No Tick the box below and then go to Part 6 'Signature'                                                                                                                                                                                                                       |                                                                                                                                                        |
|                     |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |
|                     | (f. ) the same already when here                                                                                                                                                                                                                                                                  |                                                                                                                                                        |
|                     | 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)    | JONATHAN                                                                                                                                                                                                                                                                                          | ,,                                                                                                                                                     |
| Surname             | ATKINS                                                                                                                                                                                                                                                                                            |                                                                                                                                                        |
| E2                  | Service address of person authorised to accept service •                                                                                                                                                                                                                                          |                                                                                                                                                        |
| Building name/numbe | 7TH FLOOR                                                                                                                                                                                                                                                                                         | • Service address  This is the address that will appear                                                                                                |
| Street              | 5 NEW STREET SQUARE                                                                                                                                                                                                                                                                               | on the public record. This does not have to be your usual residential address. This may be the registered.                                             |
| Post town           | LONDON                                                                                                                                                                                                                                                                                            | office or principal office address or<br>the address of the UK establishment<br>as the case may be Please note a DX<br>address would not be acceptable |
| County/Region       |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |
| Postcode            | E C 4 A 3 B F                                                                                                                                                                                                                                                                                     |                                                                                                                                                        |
| Country             |                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |
| Part 6              | Signature                                                                                                                                                                                                                                                                                         |                                                                                                                                                        |
|                     | This must be completed by all companies                                                                                                                                                                                                                                                           |                                                                                                                                                        |
|                     | I am signing this form on behalf of the company                                                                                                                                                                                                                                                   |                                                                                                                                                        |
| Signature           | Signature X                                                                                                                                                                                                                                                                                       |                                                                                                                                                        |
|                     | This form may be signed by <u>Birectors</u> , Secretary, <del>Permanent representative</del>                                                                                                                                                                                                      |                                                                                                                                                        |

Transitional return by a UK establishment of an overseas company

### 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 J L ATKINS Company name GSM ASSOCIATION Address 7TH FLOOR 5 NEW STREET SQUARE LONDON County/Region Postcode Country UNITED KINGDON Telephone 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

### 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, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS DX 481 N R Belfa.t 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

existing establishment

Scotland) number

☐ You have signed the form

☐ 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