

BR6

CHFP000

This form should be completed in black. This notice must be delivered to the Registrar within 21 days of the alteration being made.

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

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

Company number

Company name

Branch name (if different to corporate name)

FC228	.00

Branch number BR5767

MITSULA CO. PRECIONS METALS INC.

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars Date of termination

Position vacated (Mark appropriate box(es)) Day Month Year 210101

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

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

MR ANNREW HUXTABLE Address 25 THE HAWTHORNS WHITEHALL ROAD WOODFORD GREEN, 1550X IG8 ORN

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

(02/00)



COMPANIES HOUSE

14/08/01

MRS SHUBHA NATH MITSUL & CO UK PLC 20 OLD BAILEY, LONCON EC4M 7QQ

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

APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title	e_mrs		
	ANNE GILLIAN		
Surname	ROSE-SMITH		
Address			
	OUNTON GREEN		
Post town	SEVENDAKS		
County / Re	gion KENT Postcode TNI3 2TZ		
* AND /OR	horised to accept service of process on the company's behalf		
Date of app	Day Month Year pointment 3 0 0 3 2 0 0 1		
The authori	ity to represent the company is :-		
* AND /OR	Authorised to accept service of process on the company's behalf		
Is # Authorised to represent the company in relation to that business			
	of the authority to represent the company is :- (give details) YON THE GUSINESS OF THE BRANCH, INCLUDING		
	LIMITED TO NEGOTIATING, ENTERING INTO AND		
	CONTRACTS SUBJECT TO THE FOLLOWING:-		
1) ALL CONTRACTS ABOVE US\$100,000,000 TO BE SIGNED DOINTLY			
2) AUTHORITY TO SIGN CHEQUES TO THE VALUE OF EURO 10,000 JONTLY WITH ANNE PATRICIA DENNISON. These powers:- # May be exercised alone OR			
# 🗸 N	flust be exercised with :- (Give name(s) of co-authorised person(s))		
TOINT A	UTHORITY TO BE EXERCISED WITH		
ANNE P	ATRICIA DENNISON.		

CHANGE OF	Day Maril Van
PARTICULARS	Day Month Year
	Date of change
Mark the appropriate	
box. If change relates to both positions, mark	Change of particulars of person authorised to accept service
both boxes.	Change of particulars of person authorised to represent the company
Change Name previously	Forenames
of name notified to Companies House	Surname
Companies House	Surname
Г	Forenames
New name <	
L_	Surname
Change of residential address	Address
(enter new address)	
	Post town
	County / Region Postcode
	Country
	Country
Change of authority to act	
Change of authority to act	
(this part does not apply to a	The extent of the authority of the above person to represent the company
person authorised to accept service on behalf of the company)	has been altered to :- [give details]
service on behalf of the company)	
Give brief particulars of any	
Give brief particulars of any change in the authority of	
the officer to represent the	
company, including any alteration to the manner in which the	
existing or new powers may	
be exercised (e.g. requiring them to be exercised with	
other persons)	The powers :-
	# May be exercised alone
	OR
# Mark appropriate box	# Must be exercised with: (Give name(s) of co-authorised person(s))
Signature	
	Signed
	* (director / Secretary / Permanent represent)
	Date
* Delete as applicable	Date

When completed, this form should be delivered to :-

For branches registered in England and Wales

For branches registered in Scotland

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