# BR4

CHFP010.

This form should be completed in black.

Return by an oversea company subject to branch registration of change of directors or secretary or of their particulars

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

| Company Number                | FC024088                          |
|-------------------------------|-----------------------------------|
| Branch Number                 | BR006715                          |
| Company Name                  | STANDARD CHARTERED MB HOLDINGS BV |
| Branch Name<br>(If different) |                                   |

### Resignation, etc.

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

ceasing to hold office e.g. death Resignation etc. as director

Resignation etc. as secretary

**Forenames** 

Surname

Date of birth (directors only)

| Day   | Month Ye | ear |                                      |
|-------|----------|-----|--------------------------------------|
| DR    |          |     |                                      |
| XD XS |          |     | riate box.<br>director and secretary |
| Day   | Month Ye | ear |                                      |

(See note on page 4)

This return is delivered in respect of all the branches listed on page 4

To whom should Companies House direct any enquires about the information on this form?



| Address | STANDA | RD CHA | RTERED | PLC,       | 1    | ALDERMANBURY | SQUARE, |
|---------|--------|--------|--------|------------|------|--------------|---------|
| LONDON  | EC2V   | 7SB    |        |            |      |              |         |
|         |        |        | Tal    | _<br>020 7 | /280 | 7110         | "       |

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



## **Appointment**

(Turn to page 3 notify resignation or alterations of

particulars)

Date of appointment

Appointment of director

Appointment of secretary

#### **NOTES**

#### Name

\*Style/Title

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

Forenames

Surname

residential address line.
\*Honours etc

Give previous forenames or surname except:

Previous forenames
Previous surname

 for a married woman the name before marriage need not be given,

Usual residential

for names not used since the age of 18 or for at least 20 years.

Post town

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

County/region

Postcode

\* Voluntary details

† Directors only

†Date of birth

Other directorships
Give the name of every
company incorporated in
Great Britain which the
person concerned is a
director or has been a
director at any time in the
past 5 years. Exclude a
company which either is,
or at all times during the
past 5 years when the
person was a director,

†Business Occupation

†Other directorships

- dormant

#### Scope of authority

- a parent company which wholly owned the company making the return
- another wholly owned subsidiary of the same parent company

You may use a separate sheet of paper if necessary.

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

# Mark as applicable

This return must be delivered to the Registrar within 21 days of the notice being received in Great Britain in due course of post (if despatched with due diligence)

Consent signature

| Day Month Year   |
|--|
| DA 0 7 0 5 2 0 0 3   |
| CD V Please mark the appropriate box   |
| Please mark the appropriate box.  If appointment is as director and secretary mark |
| cs both boxes.   |
|  |
| Mr   |
| Graeme Edmund Maurice  |
| White  |
|  |
|  |
|  |
| AD Flat 2, 30 Lytton Grove   |
|  |
|  |
| Putney   |
| London   |
| SW15 2HB   |
| Day Month Year   |
| DO 0 9 0 6 1 9 7 1   |
| †Nationality NA Australian   |
| OC UK Financial Controller   |
|  |
|  |
|  |
| h ————————————————————————————————————   |
| The extent of the authority to represent the company is:- (give details)           |
| UNLIMITED  |
| !<br>!   |
| <br>   |
| These powers:-   |
| # May be exercised acting alone  |
| # Must be exercised with:-   |
| (Give names of co-authorised person(s))  |
|  |
|  |
| I consent to act as director / secretary of the above named company                |
| Signed   |
| i /  |

| ALTERATION OF (this section is not for  |   |
|---|---|
| PARTICULARS appointments or resignations) Day   | Month Year  |
| Date of change of particulars DR  |   |
| Complete this section in all cases where particulars of a serving director / secretary  | Please mark the appropriate box.  If change of particulars is as director and secretary mark both boxes |
| have notified to Companies changed Surname House  |   |
| and then the appropriate section below Date of birth (directors only)   | Month Year  |
| Change of name Forenames (enter new name)   |   |
| Surname   |   |
| Change of usual residential address (enter new address)   |   |
| ·   |   |
| Post town   |   |
| County / region   |   |
| Postcode  | Country   |
| Nationality   |   |
|   | the authority of the above person to represent the been altered to:- (give details)                     |
| Give brief particulars of any change in the authority of a director to represent the company, including any alterations to the manner in which existing or new powers | Deen altered to (give details)  |

may be exercised (e.g. requiring them to be exercised with other persons.)

# Mark as applicable

| The | ese pov    | vers:-      |            |            |             |          |                |
|-----|------------|-------------|------------|------------|-------------|----------|----------------|
| #   |            | May be exer | cised alor | ne or      |             |          |                |
| #   |            | Must be exe | rcised wit | h:-        |             |          |                |
|     |            |             | (Give na   | ames of co | -authorised | persons) |                |
|     | . <u> </u> |             |            |            |             | <u> </u> | <del>-</del> - |
|     |            |             | ·          |            | <u> </u>    | ·        | <del></del> -  |
|     |            |             |            |            |             |          |                |
|     |            |             |            |            |             |          |                |
|     |            |             |            |            |             |          |                |

| Registration Number | Branch Name |
|---------------------|-------------|
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NOTE:- A return must be delivered in respect of any alteration to the company particulars by each branch of an oversea company. If, however, a company has more than one branch in THE SAME PART of Great Britain, it may deliver only one form in respect of all those branches, provided it completes the table above on this page.

| Signature | Signed | *Director / Secretary / Permanent representative |  |
|-----------|--------|--|--|
|           | Date   | 27 05 03   |  |
|           |        | *delete as appropriate                           |  |

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

# List of other directorships Schedule to form BR4

Please complete in typescript, or in bold black capitals.

CHFP010

**Company Number** 

Name

**Company Name in full** 

| FC024088 |           |    |          |    |  |  |
|----------|-----------|----|----------|----|--|--|
| STANDARD | CHARTERED | MB | HOLDINGS | BV |  |  |
|          |           |    |          |    |  |  |
|          |           |    |          |    |  |  |
|          |           |    |          |    |  |  |

| Company Name | Resignation |
|--------------|-------------|
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