



BR6

CHFP025

Please complete in typescript,
or in bold black capitals.

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

Company number

FC 24699

Branch number **BR 7199**

Company name

~~PRIORITY FINANCE COMPANY LIMITED~~
PRIORITY FINANCE COMPANY (C.I.) LIMITED

Branch name

(if different to
corporate name)

TERMINATION OF AUTHORITY

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

See overleaf for
appointments and
change of particulars

	Day	Month	Year	
Date of termination	2 2	0 3	2 0 0 7	
Position vacated (Mark appropriate box(es))	<input checked="" type="checkbox"/>	Person authorised to accept service on the company's behalf		
	<input checked="" type="checkbox"/>	Person authorised to represent the company at the branch		
Name	PAUL GREENSMITH			
Address	19 CHATWORTH ROAD LONDON W4 3HY			

You do not have to give any contact
information in the box opposite but if you
do, it will help Companies House to
contact you if there is a query on the
form. The contact information that you
provide of the

James West, Fried Frank Harris Shriver & Jacobson LLP
99 City Road
LONDON
EC1Y 1AX

Tel 0207 972 9205

DX number

DX exchange

When you have completed and signed the form please send it to the
Registrar of Companies at

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

for branches registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for branches registered in Scotland

DX 235 Edinburgh

or LP - 4 Edinburgh 2



A20 26/06/2007 496
COMPANIES HOUSE
A52 09/06/2007 417
COMPANIES HOUSE

SAT TUESDAY

APPOINTMENT

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

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

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

☐

* Delete as appropriate

SCOPE OF AUTHORITY

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

Mark box(es) as appropriate

* Style / Title

Forenames STEPHEN

Surname BRADSHAW

Address †† GLENTHORNE
GREAT ELM

Post town FROME

County / Region SOMERSET Postcode BA11 3NY

Date of appointment

Day		Month		Year			
2	3	0	4	2	0	0	7

The authority to represent the company is -

☒ # Is authorised to accept service or process on the company's behalf

* AND ~~OR~~

☒ # Is authorised to represent the company in relation to that business

The extent of the authority to represent the company is - (give details)

To represent the Company on administrative and day-to-day matters including the execution of contracts subject to restrictions contained in the articles of association of the Company.

These powers -

☒ May be exercised alone

OR

☐ Must be exercised with -

(Give name(s) of co-authorised person(s))

CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes

Name previously notified to Companies House

Change of name

New name

Change of residential address ^{††}

(enter new address)

^{††} Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

☐

Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

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)

Mark appropriate box

Date of change

Day	Month	Year

☐

Change of particulars of person authorised to accept service

☐

Change of particulars of person authorised to represent the company

Forenames

Surname

Forenames

Surname

Address

Post town

County / Region

Postcode

Country

The extent of the authority of the above person to represent the company has been altered to - [give details]

The powers -

☐

May be exercised alone

OR

☐

Must be exercised with (Give name(s) of co-authorised person(s))

Signature

Signed

Canee Varea

* (director / secretary / permanent representative)

Date

8/6/07

* Delete as applicable