

BR6

CHFP010

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 overseas company or of any change in their particulars

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

Company Number

FC24755

Branch Number

BR007237

Company Name

Loxley Investments Limited

Branch Name

(If different to corporate name)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day		Month		Year			
3	1	0	5	2	0	0	6

Position vacated
(Mark appropriate box(es))

☐

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.

Name Emma Joanne Kendall

Address 1 Churchill Place

London

E14 5HP

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

Spenta Magol, Barclays Corporate Secretariat

1 Churchill Place, London

E14 5HP

Tel: 020 7116 8152



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

APPOINTMENT

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

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

* 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			
Surname			
Address			
Post town			
County/Region		Postcode	
<input type="checkbox"/>	Is authorised to accept service of process on the company's behalf		
*AND/OR			
<input type="checkbox"/>	Is authorised to represent the company in relation to that business		
Date of appointment	Day	Month	Year
The authority to represent the company is:-			
Is # <input type="checkbox"/>	Authorised to accept service of process on the company's behalf		
*AND/OR			
Is # <input type="checkbox"/>	Authorised to represent the company in relation to that business		
The extent of the authority to represent the company is:- (give details)			
These powers:-			
# <input type="checkbox"/>	May be exercised alone		
OR			
# <input type="checkbox"/>	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.

Change of name

Name previously notified to Companies House

New name

Change of residential address

(enter new address)

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
<input type="text"/>	<input type="text"/>

- ☐ Change of particulars of person authorised to accept service
- ☐ Change of particulars of person authorised to represent the company

Forenames	
Surname	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
<input type="text"/>	
Post town	
<input type="text"/>	
County/Region	Postcode
<input type="text"/>	<input type="text"/>
Country	
<input type="text"/>	

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

For and on behalf of
Bancoec Limited

Signed CMC

*(Director / Secretary / Permanent representative)

Date 6/7/06

When completed, this form should be delivered to:-

For branches registered in England and Wales

The Registrar of Companies
Companies House
Crown Way
Cardiff
CF14 3UZ

For branches registered in Scotland

The Registrar of Companies
Companies House
37 Castle Terrace
Edinburgh
EH1 2EB