In accordance with Section 1046 of the Companies Act 2006 & Regulation 13 of the Overseas Companies Regulations 2009

## **OS** AP01

## Appointment of director of an overseas company



What this form is for You may use this form to appoint an individual as a director of an overseas company

What this form is NO You cannot use the forr a corporate director of company To do this, ple OS APO2 'Appointment d



17/06/2013

COMPANIES HOUSE

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Overseas company details  Company number  Company number  F C O Z G I 5 4 (B Q O I I 4 2)  NATIONAL CRID BRAZIL B V.  Please complete in typescript or in bold black capitals registered in the UK  Date of director's appointment  Date of appointment  Sz 4 D 5 IZ O I I S  New director's details  Title*  Full forename(s)  Surname  FUNCON  FUNCON  Country/State of recisions O  Nationality  AUSTICALIAN  Date of burth  Sz 2 5 D 4 I I I I I I I I I I I I I I I I I I		director of an overseas del LD2	06/06/2013 #29 COMPANIES HOUSE					
Please complete in typescript or in bold black capitals	1	Overseas company details						
Company name in full or alternative names as registered in the UK  2 Date of director's appointment  Date of appointment  Date of appointment    Date of appointment   2   4   0   5   2   0   1   3	Company number	FC026154 (BR011142)						
New director's details  Title*  New director's details  Title*  Full forename(s)  Surname  FRASE e  Former name(s)  Country/State of residence e  Nationality  Date of birth  Susiness occupation (if any)  Accountants  Accountants  Business occupation  (if any)  Please complete your service address eleave blank  Street  I - 3 Strand  London  Post town  Country/Region  Postcode  New director's betails  Title*  New director's details  Title*  New director's details  Title*  New director's details  Title*  New director's details  Title*  New director's service address below You must also complete your usual residential address in Section 4a  Business occupation  If you have a business occupation, please leave blank  Street  I - 3 Strand  Street  Volume of the part 20 of the part 2	or alternative name as	NATIONAL GRID BRAZIL BV.	bold black capitals  All fields are mandatory unless					
New director's details  Title*  Full forename(s)  Emmanuel David  France France Promer name(s)  Surname  France Promer name(s)  Country/State of residence Onationality  Date of birth  Date of birth  Accountant  Accountant  Accountant  Recomplete your service address Onational please leave blank  New director's service address Onation 4a  Building name/number  Freet  I - 3 Strand  County/Region  Postcode  WC2 N 5 Eth  OF ormer name(s)  Please provide any previous names which have been used for business purposes in the past 20 years  Marned women do not need to give former names unless previously used for business purposes in the past 20 years  Marned women do not need to give former names unless previously used for business purposes in the past 20 years  Marned women do not need to give former names (s)  Please provide any previous names which have been used for business purposes in the past 20 years  Marned women do not need to give former names (s)  Please provide any previous names which have been used for business purposes in the past 20 years  Marned women do not need to give former names (s)  Please provide any previous names which have been used for business purposes in the past 20 years  Marned women do not need to give former names (a)  Please provide any previous names which have been used for business purposes in the past 20 years  Marned women do not need to give former names (a)  Posture address as stated in Section 4a  Sustainal address as stated in Section 4a  Service address  This is the address that will appear on the public record flus does not have to be your usual residential address here it will appear on the public record flus does not have to be your usual residential address here it will appear on the public record flus does not have to be your usual residential address here it will appear on the public record.	2	Date of director's appointment						
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Full forename(s)  Summanuel David  FRASE R  Former name(s)  Country/State of residence Nationality  Australian  Business occupation (if any)  Please complete your service address below You must also complete your usual residential address in Section 4a  New director's service address  Please complete your service address of the past 20 years  Business occupation  If you have a business occupation please leave blank  New director's service address of the past 20 years  Fins is in respect of your usual residential address in Section 4a  Oscillation  Please complete your service address of the past 20 years  Please of the past 20 years  Country/State of residence This is in respect of your usual residential address as stated in Section 4a  Oscillation of the public record This does not have to be your usual residential address there it will appear on the public record This does not have to be your usual residential address there it will appear on the public record This does not have to be your usual residential address there it will appear on the public record  County/Region  Post town  County/Region  Postcode  WC2NSE  Please Company  Please Provide any previous names which have been used for business over former names unless previously used for business over former names unless previously used for business purposes in the past 20 years of the public record This does not have to be your usual residential address there it will appear on the public record  For the public record This does not have to be your usual residential address there it will appear on the public record.	3	New director's details	<u> </u>					
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Surname  FRASE R  Former name(s)    Country/State of residence   Nationality  Date of birth	Full forename(s)	EMMANUEL DAV.D	which have been used for business					
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	County/Region							
Country England	Postcode	WC2N SEH						
	Country	England						

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5	Director's authority			-			-			
	Please enter the extent of your authority as director Please tick one box			• If you have indicated that the extent						
Extent of authority	☐ Limited <b>①</b> Unlimited				of your authority is limited, please provide a brief description of the limited authority in the box below If you have indicated that you are not authorised to act alone but only					
Description of limited authority, if applicable	Are you authorised to act alone or jointly? Please tick one box			ointly, he per	please	enter with v	the nai	me(s)	of	
	☑ Alone □ Jointly ❷									
If applicable, name(s) of person(s) with whom you are acting jointly										
6	UK establishments									
	A return must be delivered in respect of any alteration to the company particulars by each UK establishment. If, however, a company has more than UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below	one								
	UK establishment name	stration number								
7	Signature									
Signature	Signature X A. CRAN	X								
	This form may be signed and authorised by Director, Secretary, Permanent representative									
8	Additional former name(s) (continued from Section 3)		•							
Former name(s) •			Additional former names     Use this space to enter any     additional names							
		<del></del>								

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Presenter information	! Important 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.	Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses							
Contact name DAVID FORWARN	☑ Where to send							
COMPANY NATIONAL GRIDPLC	You may return this form to any Companies House address							
Address 1-3 STRAND	England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff							
Post town  County/Region  Postcode  WCZN5FH  Country	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)							
DX Telephone 020 7004 3226.	Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BTZ 8BG DX 481 N R Belfast 1							
✓ Checklist	Higher protection							
We may return forms completed incorrectly or with information missing	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,							
Please make sure you have remembered the following	Cardiff, CF14 3WE							
☐ The company name and number as registered in the UK match the information held on the public Register	<i>i</i> Further information							
<ul> <li>□ You have completed the date of appointment</li> <li>□ You have included all former names used for business purposes over the last 20 years</li> <li>□ You have completed the nationality box in Section 3</li> </ul>	For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk							
☐ You have provided a correct date of birth ☐ You have provided a business occupation if there is	This form is available in an							
one	alternative format. Please visit the							
☐ You have provided both the service address and the usual residential address	forms page on the website at							
<ul> <li>□ Addresses 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 Scotland) number</li> <li>□ You have enclosed a relevant higher protection application if applying for this at the same time as</li> </ul>	www.companieshouse.gov.uk							
completing this form  You have entered the extent of the director's								
authority in Section 6 ☐ You have completed Section 6, if applicable								
☐ You have signed the form								