

# BR4

CHFP010.

This form should be completed in black.

## Return by an overseas 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

229165

Branch Number

FC026157

Company Name

Merrill Lynch Capital Markets Bank Limited

Branch Name

(If different)

### Resignation, etc.

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

Date of resignation etc.

Resignation etc. as director

Resignation etc. as secretary

Forenames

Surname

Date of birth (directors only)

|    | Day | Month | Year |
|----|-----|-------|------|
| DR |     |       |      |

|    |  |
|----|--|
| XD |  |
|----|--|

|    |  |
|----|--|
| XS |  |
|----|--|

Please mark the appropriate box.  
If registration etc is as a director and secretary mark both boxes

|    | Day | Month | Year |
|----|-----|-------|------|
| DO |     |       |      |

(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?

Name Mrs Debra A. Searle

Address 33 King William Street, London, EC4R 9AS

Tel: \_\_\_\_\_

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

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

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

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

\* Voluntary details

† Directors only

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, was

- dormant
- 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)

Name \*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential

Post town

County/region

Postcode

†Date of birth

†Business Occupation

†Other directorships

Scope of authority

Consent signature

|    | Day | Month | Year    |
|----|-----|-------|---------|
| DA | 1 0 | 1 1   | 2 0 0 5 |

|    |                                     |
|----|-------------------------------------|
| CD | <input checked="" type="checkbox"/> |
|----|-------------------------------------|

|    |                          |
|----|--------------------------|
| CS | <input type="checkbox"/> |
|----|--------------------------|

Please mark the appropriate box.  
If appointment is as director and secretary mark both boxes.

Christopher Bryan

Hayward

AD 8 Turtleback Way

Chappaqua

United States of America

NY 10514

|    | Day | Month | Year    |
|----|-----|-------|---------|
| DO | 0 2 | 1 2   | 1 9 6 5 |

†Nationality NA American

OC Company Executive

None

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

Authorised to exercise all the Powers of the Company

in connection with general banking business matters.

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 \_\_\_\_\_ Date \_\_\_\_\_

A serving director etc. must also sign the form on page 4

## ALTERATION OF PARTICULARS

(this section is not for appointments or resignations)

Date of change of particulars

Complete this section in all cases where particulars of a serving director / secretary have changed and then the appropriate section below

Date of change of particulars, as director

Date of change of particulars, as secretary

Forenames (names previously notified to Companies House)  
Surname

Date of birth (directors only)

**Change of name**  
(enter new name)

Forenames

Surname

**Change of usual residential address**  
(enter new address)

Post town

County / region

Postcode

Nationality

**Change to authority to act** (if applicable)

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

# Mark as applicable

|    | Day | Month | Year |
|----|-----|-------|------|
| DR |     |       |      |

|    |  |
|----|--|
| XD |  |
|----|--|

|    |  |
|----|--|
| XS |  |
|----|--|

Please mark the appropriate box.  
If change of particulars is as director and secretary mark both boxes

|    | Day | Month | Year |
|----|-----|-------|------|
| DO |     |       |      |

|    |
|----|
| AD |
|----|

The extent of the authority of the above person to represent the company has been altered to:- (give details)

These powers:-

# ☐ May be exercised alone or

# ☐ Must be exercised with:-

(Give names of co-authorised persons)



*Please complete in typescript,  
or in bold black capitals.*

CHFP010

## List of other directorships Schedule to form BR4

**Company Number**

229165

**Company Name in full**

Merrill Lynch Capital Markets Bank Limited

**Name**

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