# 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.

**Company Number** 

**Company Name** 

**Branch Name** 

(If different to corporate name)

# Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

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

Branch Number	BR008430	]
ments Limited	A	_
		-
		_
		Branch Number BR008430

#### **TERMINATION OF AUTHORITY**

See overleaf for appointments and

change of particulars

Date of termination

Position vacated (Mark appropriate box(es))

Day Month Year

2 | 9 | 0 | 9 | 2 | 0 | 0 | 6

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 Declan Patrick Harney

Address 49 Baring Road, Beaconsfield

Buckinghamshire

HP9 2NF

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

Jaya Bergamin

Associated British Foods plc, Group Secretarial

Department, Ground Floor, 50/51 Russell Square

London WC1B 4JA Tel: 02072993625

When completed, this



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## **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	Mrs	
Forenames	Rosalyn Sharon	
Surname	Mendelsohn	
Address	45 Oakleigh Park South	
7,001000		
Post town	London	
County/Region	Postcode N20 9JR	
Is authoris	sed to accept service of process on the company's behalf	
*AND/OR		
Is authoris	sed to represent the company in relation to that business	
Date of appointr	Day Month Year	
Date of appoint		
The authority to	represent the company is:-	
Is # Auth	orised to accept service of process on the company's behalf	
*AND/OR		
	orised to represent the company in relation to that business	
The extent of the	e authority to represent the company is:- (give details)	
"The busine	ess of the Company shall be managed by the Directors	
who may exe	ercise all such powers of the Company as are not by the	
Law or thes	se Articles required to be exercised by the Company in	
general mee	ting. If there shall be only 1 Director the business	
of the Comp	any shall be managed by the Sole Director".	
These powers:-		
# May	be exercised alone	
OR		
# J Must	be exercised with:-	
(Give name(s) of co-authorised person(s))  "the authority of the board".		



CHANGE OF	
PARTICULARS	Day Month Year
	Date of change
Mark the appropriate box. If change relates to both positions, mark both boxes.  Change of	Change of particulars of person authorised to accept service  Change of particulars of person authorised to represent the company
name Name previously	Forenames
notified to Companies House	Surname
Г	Forenames
New name ◀	Surname
Change of residential address (enter new address)	Address
	Post town
	County/Region Postcode
Change of authority to act	The extent of the authority of the above person to represent the company has been altered to :- [give details]
(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.	The powers:-  # May be exercised alone
requiring them to be exercised with other persons)	# Must be exercised with:- (Give name(s) of co-authorised person(s))
# Mark appropriate box	
Signature	
* Delete as applicable	Signed (Director / Secretary / Permanent representitive)
	Date
<b>co</b> form	