

CHWP000

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

FC 026325

Branch number

BR 008480

Company name

WENTWORTH PORTFOLIO COMPANY **PL** 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	0	0
3	2	0
	0	7

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 MR SIMON CHARLES BARRATT

Address THE FARMYARD, PEARSON'S GREEN ROAD,

BRENCHLEY

KENT, TN12 7DE

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 give will be visible to searchers of the public record

(10/03)

LAWRENCE GRAHAM LLP

190 STRAND LONDON WC2R 1JN

SJG/B321/5

Tel

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



ERPS600S

E11 11/05/07 298
COMPANIES HOUSE

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 MR

Forenames EIRIK, PETER

Surname ROBSON

Address †† THROPHILL GRANGE

THROPHILL

Post town MORPETH

County / Region NORTHUMBERLAND Postcode NE61 3QN

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

* AND/OR

☐ Is authorised to represent the company in relation to that business

Date of appointment

Day		Month		Year	
3	0	0	3	2	0
				0	7

The authority to represent the company is -

Is # ☒ Authorised to accept service of 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)

FULL AUTHORITY

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

Change of name

Name previously notified to Companies House

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		Day	Month	Year
<input type="checkbox"/>	Change of particulars of person authorised to accept service			
<input type="checkbox"/>	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 _____

(Permanent represent)

* (director / Secretary)

Date 30 3. 2007

* Delete as applicable