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 NOT
You cannot use the form
a corporate director of an
company To do this, pleas
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Overseas company details Filling in this form Company number 0 8 3 2 Please complete in typescript or in bold black capitals Company name in full Glacier Insurance AG / Glacier Insurance Ltd or alternative name as All fields are mandatory unless registered in the UK specified or indicated by 1 Date of director's appointment <sup>d</sup>3 do. ď Date of appointment New director's details • Former name(s) Title\* Please provide any previous names Full forename(s) which have been used for business Stephen Andrew purposes in the past 20 years Surname Clarke Married women do not need to give former names unless previously used Former name(s) • for business purposes. Country/State of Continue in Section 8 if required United Kingdom residence 9 Country/State of residence Nationality 1 8 1 British This is in respect of your usual residential address as stated in <sup>d</sup>5 Date of birth 0 то |"8 Section 4a **Business occupation** Business occupation Insurance If you have a business occupation, (if any) 6 please enter here If you do not, please leave blank New director's service address • Please complete your service address below You must also complete your usual Service address residential address in Section 4a This is the address that will appear on the public record. This does not Building name/number have to be your usual residential Street ESMOND ROAD If you provide your residential address here it will appear on the public record Post town CHISWICK County/Region LONDON Postcode Country

## **OS** AP01

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5	Director's authority							_	_	
	Limited •			If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below						
Extent of authority										
	☑ Unlimited				horised	d to ac	d that y	but o	only	
Description of limited authority, if applicable					please son(s)	enter with w	the nar vhom y	ne(s)	of	
	Are you authorised to act alone or jointly? Please tick one box				sed to	act be	WOI			
_	☐ Alone ☑ Jointly ❸									
If applicable, name(s) of person(s) with whom you are	Any other person with joint signatory authorisation									
acting jointly	<u> </u>		<u> </u>							
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					<b></b>			
	UK establishment name	Regi	strat	ion n	umbe	r				
							[			
			_				[	_		
				<u> </u>				 		
7	Signature		<u> </u>	<u> </u>	l	1				
Signature	Signature X Ph - + M	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					

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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 Clare Ellis	☑ Where to send						
Company name Torus Insurance Marketing Limited	You may return this form to any Companies House address						
Address 88 Leadenhall Street	England and Wales The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ DX 33050 Cardiff						
Post town London  County/Region  Postcode E C 3 A 3 B P	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 +44 (0) 20 3206 8256	Northern Ireland The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1						
We may return forms completed incorrectly or with information missing  Please make sure you have remembered the	Higher protection 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, Cardiff, CF14 3WE						
following  The company name and number as registered in the	i Further Information						
UK match the information held on the public Register  ☐ You have completed the date of appointment  ☐ You have included all former names used for business purposes over the last 20 years	For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk						
<ul> <li>☐ You have completed the nationality box in Section 3</li> <li>☐ You have provided a correct date of birth</li> <li>☐ You have provided a business occupation if there is one</li> </ul>	This form is available in an 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 completing this form</li> </ul>	www.companieshouse.gov.uk						
☐ 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							