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 for You cannot use the form to a corporate director of an o company To do this, please OS APO2 'Appointment of conditions of an overseas com

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\*L3MIMNI1\* LD2 11/12/2014 COMPANIES HOUSE

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1	Overseas company details	•					
Company number	F C 0 2 8 3 1 1	→ Filling in this form Please complete in typescript or in					
Company name in full or alternative name as registered in the UK	TORUS INSURANCE (EUROPE) AG	bold black capitals  All fields are mandatory unless specified or indicated by *					
2	Date of director's appointment						
Date of appointment	d 1   d 9   m 0   m 8   y 2   y 0   y 1   y 4						
3	New director's details						
Title*	MR	• Former name(s) Please provide any previous names					
Full forename(s)	FRANCESCO	which have been used for business purposes in the past 20 years.					
Surname	DAL PIAZ	Married women do not need to give					
Former name(s) •		former names unless previously used for business purposes					
Country/State of residence	ITALY	Continue in Section 8 if required					
Nationality	ITALIAN	Ocuntry/State of residence This is in respect of your usual					
Date of birth	d 2 d 5 m 0 m 4 y 1 y 9 y 7 y 3	residential address as stated in Section 4a					
Business occupation (if any) •	BRANCH MANAGER	Business occupation  If you have a business occupation, please enter here If you do not, please leave blank					
4	New director's service address ©						
	Please complete your service address below You must also complete your usual residential address in Section 4a	Service address This is the address that will appear on the public record. This does no					
Building name/number		have to be your usual residential address					
Street	VIA MATTEO BANDELLO 1	If you provide your residential					
		address here it will appear on the public record					
Post town	MILANO	F-200					
County/Region							
Postcode							
Country	ITALY						

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5	Director's authority									
	Please enter the extent of your authority as director Please tick one box				nave in					
Extent of authority	☐ Limited ● ☑ 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		jo th	ontly, se per	norise please son(s) ised to	enter with v	the nawhom	ame(s)	) of	
☐ Alone ☐ Jointly ❷					Ju K	U	J4 <b>9</b>			
If applicable, name(s)	DONAT MARXER, RICHARD ETRIDGE, SUE NEWMAN,	<del></del>								
of person(s) with whom you are acting jointly	PATRICK TIERNAN, MICHAEL HANDLER & GARETH NOKES									
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	ı one		_					_	
	UK establishment name	Regi	ıstratı	ion n	umbe	er 				
		<u> </u>		<u> </u>	<u> </u>		_		ļ	
		<u> </u> 					-	<u> </u>	<u> </u>	
7	Signature	<u> </u>	<del>'</del>	1	<u> </u>	1		1	<u> </u>	
Signature	X C Traile	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	I 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 TRAXLER	Where to send					
Company name TORUS INSURANCE MARKETING	You may return this form to any Companies					
LIMITED	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  Country LANDER LANDER AND A 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)					
UNITED KINGDOM	Northern Ireland					
Telephone	The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street,					
0203 206 8256	Belfast, Northern Ireland, BT2 8BG DX 481 N R Belfast 1					
Checklist  We may return forms completed incorrectly or with information missing  Please make sure you have remembered the following	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					
☐ The company name and number as registered in the	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  You have completed the nationality box in Section 3	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 provided a correct date of birth</li> <li>☐ You have provided a business occupation if there is</li> </ul>	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 completing this form</li> <li>□ You have entered the extent of the director's</li> </ul>	www.companieshouse.gov.uk					
authority in Section 6						
<ul><li>☐ You have completed Section 6, if applicable</li><li>☐ You have signed the form</li></ul>						