

# OS TN01

## Transitional return by a UK establishment of an overseas company

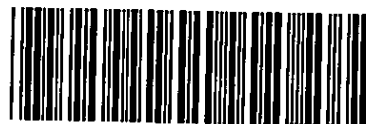


Companies House

☒ **What this form is for**  
You may use this form to register  
a UK establishment where you  
have previously registered a place  
of business

☐ **What this form is NOT for**  
You cannot use this form to register  
the details of an existing  
officer or establishment

WEDNESDAY



A40

\*A2NHW3F\*

18/12/2013

#154

COMPANIES HOUSE

### Part 1 Overseas company details

<b>A1</b>	<b>Corporate company name</b>
Overseas company number ①	F C 0 2 9 0 2 5
Overseas company name registered in the UK ②	British Vita Group S à r l
UK establishment number ③	B R 0 1 3 8 3 1

→ **Filling in this form**  
Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by \*

① This is the registered number of the company in the UK.

② This is the corporate name or alternative name registered in the UK

③ This is the registered establishment number in the UK

<b>A2</b>	<b>Particulars previously delivered</b>
	<p>Have particulars about this company been previously delivered in respect of another UK establishment? ④</p> <p>→ No. Go to Section A3.</p> <p>→ Yes. Please enter the registration number below and then go to Part 3 of the form. Please note the original UK establishment particulars must be filed up to date.</p>
UK establishment number	B R

④ The particulars are: legal form, identity of register, number in registration, director and secretaries details, whether the company is a credit or financial institution, law, governing law, accounting requirements, objects, share capital and accounts.

<b>A3</b>	<b>Credit or financial institution</b>
	<p>Is the company a credit or financial institution?</p> <p>Please tick one box.</p> <p><input type="checkbox"/> Yes</p> <p><input checked="" type="checkbox"/> No</p>

**OS TN01**

Transitional return by a UK establishment of an overseas company

<b>A4</b>		<b>Company details</b>							
		If the company is registered in its country of incorporation, please enter the details below.							
Legal form <sup>①</sup>	private limited company								
Country of incorporation *	Luxembourg								
Identity of register in which it is registered <sup>②</sup>	Registre de commerce et des sociétés de Luxembourg								
Registration number in that register	B107583								
<b>A5</b>		<b>EEA or non-EEA member state</b>							
		Was the company formed outside the EEA?							
		→ Yes. Complete Sections A6 and A7							
		→ No. Go to Section A7.							
<b>A6</b>		<b>Governing law and accounting requirements</b>							
		Please give the law under which the company is incorporated.							
Governing law <sup>③</sup>									
		Is the company required to prepare, audit and disclose accounting documents under parent law?							
		→ Yes. Complete the details below.							
		→ No. Go to Part 2							
		Please give the period for which the company is required to prepare accounts by parent law							
From	d	d	m	m					
To	d	d	m	m					
		Please give the period allowed for the preparation and disclosure of accounts for the above accounting period.							
Months									
<b>A7</b>		<b>Latest disclosed accounts</b>							
		Are copies of the latest disclosed accounts being sent with this form? Please note if accounts have been disclosed, a copy must be sent with the form, and, if applicable, with a certified translation. <sup>④</sup>							
		<input checked="" type="checkbox"/> Yes							
		Please indicate what documents have been disclosed							
		<input checked="" type="checkbox"/> Please tick this box if you have enclosed a copy of the accounts							
		<input type="checkbox"/> Please tick this box if you have enclosed a certified translation of the accounts							
		<input type="checkbox"/> Please tick this box if no accounts have been disclosed							
		<input type="checkbox"/> Please tick this box if accounts have been filed for another UK establishment. Please give the registration number below and go to Part 3.							
UK establishment number	B	R							

<sup>①</sup> This includes whether the company is a private or public company or whether or not the company is limited

<sup>②</sup> This will be the registry where the company is registered in its parent country

<sup>③</sup> This means the relevant rules or legislation which regulates the incorporation of companies in that state

<sup>④</sup> Please tick the appropriate box(es)

**OS TN01**

Transitional return by a UK establishment of an overseas company

**Part 2****Principal place of business****B1**

	Please give the address of the principal place of business or registered office in the country of incorporation ❶		<b>❶</b> This address will appear on the public record <b>❷</b> Please give a brief description of the company's business. <b>❸</b> Please specify the amount of shares issued and the value
Building name/number			
Street			
Post town			
County/Region			
Post code			
Country			
	Please give the objects of the company and the amount of issued share capital.		
Objects of the company ❷			
Amount of issued share capital ❸			

**OS TN01**

Transitional return by a UK establishment of an overseas company

**Part 3****UK establishment details**

<b>C1</b>	<b>Documents previously delivered -- accounting documents</b> Has the company previously delivered a copy of the company's accounting documents with material delivered in respect of another UK establishment? Please tick the appropriate box. <input checked="" type="checkbox"/> <b>No.</b> Go to Section C2. <input type="checkbox"/> <b>Yes</b> Please enter the UK establishment number below and then go to Section C2	
UK establishment number	B R	
<b>C2</b>	<b>Delivery of accounts and reports</b> Please state if the company intends to comply with accounting requirements with respect of this establishment or in respect of another UK establishment Please tick the appropriate box. <input checked="" type="checkbox"/> In respect of this establishment. Please go to Section C3. <input type="checkbox"/> In respect of another UK establishment Please give the registration number below and then go to Section C3.	
UK establishment number	B R	
<b>C3</b>	<b>Particulars of UK establishment •</b> Please enter the name and address of the UK establishment.	<b>• Address</b> This is the address that will appear on the public record.
Name of establishment	British Vita Group S A R L	
Building name/number	2nd Floor	
Street	Stirling Square	
	5-7 Carlton Gardens	
Post town	London	
County/Region		
Post code	S W 1 Y 5 A D	
Country	United Kingdom	
Business carried on at the UK establishment	Holding participations	

**OS TN01**

Transitional return by a UK establishment of an overseas company

**Part 4****Permanent representative**

Please enter the name and address of every person authorised to represent the company as a permanent representative of the company in respect of the UK establishment.

**D1****Permanent representative's details**

Please use this section to list all the permanent representatives of the company. Please complete Sections D1-D4

**Continuation pages**  
Please use a continuation page if you need to enter more details

Full forename(s)

Ramzi

Surname

Gedeon

**D2****Permanent representative's service address ①**

Building name/number

2nd Floor

Street

Stirling Square

5-7 Carlton Gardens

Post town

London

County/Region

Post code

S W 1 Y 5 A D

Country

United Kingdom

**① Service address**

This is the address that will appear on the public record. This does not have to be your usual residential address

If you provide your residential address here it will appear on the public record.

**D3****Permanent representative's authority**

Please enter the extent of your authority as permanent representative. Please tick one box.

Extent of authority

☒ Limited ②☐ Unlimited

Description of limited authority, if applicable

Limited by Articles of Association, duty to act in corporate interests

Are you authorised to act alone or jointly? Please tick one box

☐ Alone☒ Jointly ③

If applicable, name(s) of person(s) with whom you are acting jointly

Stephen Peel, John Oliver, Todd Morgan, Michael Farnell Jr

② 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.

③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below

**OS TN01**

Transitional return by a UK establishment of an overseas company

**Part 5****Person authorised to accept service**

Does the company have any person(s) in the UK authorised to accept service of documents on behalf of the company in respect of its UK establishment?

- Yes      Please enter the name and service address of every person authorised below.
- No.      Tick the box below and then go to Part 6 'Signature'
- ☐ If there is no such person, please tick this box

**E1****Details of person authorised to accept service of documents in the UK**Please use this section to list all the persons' authorised to accept service below  
Please complete Sections E1-E2Continuation pages  
Please use a continuation page if necessary

Full forename(s)

Ramzi

Surname

Gedeon

**E2****Service address of person authorised to accept service ①**

Building name/number

2nd Floor

Street

Stirling Square

5-7 Carlton Gardens

Post town

London

County/Region

Postcode

S W 1 Y 5 A D

Country

United Kingdom

**① Service address**

This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable


**Part 6****Signature**

This must be completed by all companies

I am signing this form on behalf of the company.

Signature

Signature

X  XThis form may be signed by.  
Directors, Secretary, Permanent representative.

# OS TN01

Transitional return by a UK establishment of an overseas company

## Presenter 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

Contact name **Yi-Jun Kang**

Company name **Cleary Gottlieb Steen & Hamilton LLP**

Address **55 Basinghall St**

Post town **London**

County/Region

Postcode **E C 2 V 5 E H**

Country **United Kingdom**

DX

Telephone **020 7614 2200**

## Checklist

**We may return forms completed incorrectly or with information missing**

**Please make sure you have remembered the following:**

- ☐ The overseas corporate name on the form matches the registered name.
- ☐ You have included a copy of the latest disclosed accounts and certified translations, if appropriate.
- ☐ You have completed all of the company details in Section A4 if the company has not registered an existing establishment
- ☐ You have completed the officer details in Part 4.
- ☐ Any addresses given 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.
- ☐ You have signed the form

## Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.

## Where to send

**You may return this form to any Companies House address:**

**England and Wales:**

The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**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)

**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

**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

## Further information

For further information, please see the guidance notes on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk) or email [enquiries@companieshouse.gov.uk](mailto:enquiries@companieshouse.gov.uk)

**This form is available in an alternative format. Please visit the forms page on the website at [www.companieshouse.gov.uk](http://www.companieshouse.gov.uk)**

# OS TN01 - continuation page

Transitional return by a UK establishment of an overseas company

## Permanent representative

<b>D1</b>	<b>Permanent representative's details</b>		
	Please use this section to list all the permanent representatives of the company Please complete Sections D1-D4.		
Full forename(s)	Todd Howard		
Surname	Morgan		
<b>D2</b>	<b>Permanent representative's service address ①</b>		
Building name/number	2nd Floor		<b>① Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  If you provide your residential address here it will appear on the public record
Street	Stirling Square		
	5-7 Carlton Gardens		
Post town	London		
County/Region			
Post code	S W 1 Y 5 A D		
Country	United Kingdom		
<b>D3</b>	<b>Permanent representative's authority</b>		
	Please enter the extent of your authority as permanent representative Please tick one box		<b>② 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</b>  <b>③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</b>
Extent of authority	<input checked="" type="checkbox"/> Limited ② <input type="checkbox"/> Unlimited		
Description of limited authority, if applicable	Limited by Articles of Association, duty to act in corporate interests Are you authorised to act alone or jointly? Please tick one box  <input type="checkbox"/> Alone <input checked="" type="checkbox"/> Jointly ③		
If applicable, name(s) of person(s) with whom you are acting jointly	Stephen Peel, John Oliver, Ramzi Gedeon, Michael Farnell Jr.		



# OS TN01 - continuation page

Transitional return by a UK establishment of an overseas company

## Permanent representative

<b>D1</b>	<b>Permanent representative's details</b>		
	Please use this section to list all the permanent representatives of the company Please complete Sections D1-D4.		
Full forename(s)	John Lancaster		
Surname	Oliver		
<b>D2</b>	<b>Permanent representative's service address ①</b>		
Building name/number	2nd Floor		<b>① Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  If you provide your residential address here it will appear on the public record
Street	Stirling Square		
	5-7 Carlton Gardens		
Post town	London		
County/Region			
Post code	S W 1 Y 5 A D		
Country	United Kingdom		
<b>D3</b>	<b>Permanent representative's authority</b>		
	Please enter the extent of your authority as permanent representative Please tick one box		<b>② 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</b>  <b>③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</b>
Extent of authority	<input checked="" type="checkbox"/> Limited ② <input type="checkbox"/> Unlimited		
Description of limited authority, if applicable	Limited by Articles of Association, duty to act in corporate interests Are you authorised to act alone or jointly? Please tick one box.		
	<input type="checkbox"/> Alone <input checked="" type="checkbox"/> Jointly ③		
If applicable, name(s) of person(s) with whom you are acting jointly	Stephen Peel, Ramzi Gedeon, Todd Morgan, Michael Farnell Jr		

# OS TN01 - continuation page

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## Permanent representative

<b>D1</b>	<b>Permanent representative's details</b>		
	Please use this section to list all the permanent representatives of the company. Please complete Sections D1-D4		
Full forename(s)	Stephen Mark		
Surname	Peel		
<b>D2</b>	<b>Permanent representative's service address ①</b>		
Building name/number	2nd Floor		<b>① Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  If you provide your residential address here it will appear on the public record.
Street	Stirling Square		
	5-7 Carlton Gardens		
Post town	London		
County/Region			
Post code	S W 1 Y 5 A D		
Country	United Kingdom		
<b>D3</b>	<b>Permanent representative's authority</b>		
	Please enter the extent of your authority as permanent representative. Please tick one box		<b>② 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</b>  <b>③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</b>
Extent of authority	<input checked="" type="checkbox"/> Limited ② <input type="checkbox"/> Unlimited		
Description of limited authority, if applicable	Limited by Articles of Association, duty to act in corporate interests Are you authorised to act alone or jointly? Please tick one box  <input type="checkbox"/> Alone <input checked="" type="checkbox"/> Jointly ③		
If applicable, name(s) of person(s) with whom you are acting jointly	Ramzi Gedeon, John Oliver, Todd Morgan, Michael Farnell Jr		

# OS TN01 - continuation page

Transitional return by a UK establishment of an overseas company

## Permanent representative

<b>D1</b>	<b>Permanent representative's details</b>		
	Please use this section to list all the permanent representatives of the company Please complete Sections D1-D4		
Full forename(s)	Michael Browning		
Surname	Farnell Junior		
<b>D2</b>	<b>Permanent representative's service address ①</b>		
Building name/number	2nd Floor		<b>① Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address.  If you provide your residential address here it will appear on the public record.
Street	Stirling Square		
	5-7 Carlton Gardens		
Post town	London		
County/Region			
Post code	S W 1 Y 5 A D		
Country	United Kingdom		
<b>D3</b>	<b>Permanent representative's authority</b>		
	Please enter the extent of your authority as permanent representative Please tick one box.		
Extent of authority	<input checked="" type="checkbox"/> Limited ② <input type="checkbox"/> Unlimited		<b>② 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</b>  <b>③ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below</b>
Description of limited authority, if applicable	Limited by Articles of Association, duty to act in corporate interests Are you authorised to act alone or jointly? Please tick one box  <input type="checkbox"/> Alone <input checked="" type="checkbox"/> Jointly ③		
If applicable, name(s) of person(s) with whom you are acting jointly	Stephen Peel, John Oliver, Todd Morgan, Ramzi Gedeon		

# OS TN01 - continuation page

Transitional return by a UK establishment of an overseas company


## Person authorised to accept service

<b>E1</b>	<b>Details of person authorised to accept service of documents in the UK</b>	
	Please use this section to list all the persons' authorised to accept service below Please complete Sections E1-E2	
Full forename(s)	Stephen Mark	
Surname	Peel	
<b>E2</b>	<b>Service address of person authorised to accept service</b>	
Building name/number	2nd Floor	<b>Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable.
Street	Stirling Square	
	5-7 Carlton Gardens	
Post town	London	
County/Region		
Postcode	S W 1 Y 5 A D	
Country	United Kingdom	

# OS TN01 - continuation page

Transitional return by a UK establishment of an overseas company



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<b>E1</b>	<b>Details of person authorised to accept service of documents in the UK</b>		
	Please use this section to list all the persons' authorised to accept service below Please complete Sections E1-E2.		
Full forename(s)	John Lancaster		
Surname	Oliver		
<b>E2</b>	<b>Service address of person authorised to accept service</b> 		
Building name/number	2nd Floor		<b>Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable.
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	5-7 Carlton Gardens		
Post town	London		
County/Region			
Postcode	S W 1 Y 5 A D		
Country	United Kingdom		

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<b>E1</b>	<b>Details of person authorised to accept service of documents in the UK</b>		
	Please use this section to list all the persons' authorised to accept service below Please complete Sections E1-E2.		
Full forename(s)	Todd Howard		
Surname	Morgan		
<b>E2</b>	<b>Service address of person authorised to accept service</b> 		
Building name/number	2nd Floor		<b> Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable.
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County/Region			
Postcode	S W 1 Y 5 A D		
Country	United Kingdom		

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## Person authorised to accept service

<b>E1</b>	<b>Details of person authorised to accept service of documents in the UK</b>		
	Please use this section to list all the persons' authorised to accept service below. Please complete Sections E1-E2		
Full forename(s)	Michael Browning		
Surname	Farnell Junior		
<b>E2</b>	<b>Service address of person authorised to accept service</b> 		
Building name/number	2nd Floor		<b>Service address</b> This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address would not be acceptable.
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	5-7 Carlton Gardens		
Post town	London		
County/Region			
Postcode	S W 1 Y 5 A D		
Country	United Kingdom		