

OS CH07

Change of details by an overseas company for a
person authorised to represent the company
in respect of the UK establishment



Companies House

☒ **What this form is for**
You may use this form to change
the details for a person authorised
to represent the company in
respect of the UK establishment

☐ **What this form is NOT for**
You cannot use this form to
changes to any other details



A22 24/02/2016 #81
COMPANIES HOUSE

1 Overseas company details

Company number	F	C	0	2	9	4	3	9
Company name in full or alternative name as registered in the UK	The Great-West Life Assurance Company							

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

All fields are mandatory unless
specified or indicated by *

2 UK establishment details

UK establishment number	B	R	0	1	4	4	2	1
UK establishment name in full	The Great-West Life Assurance Company							

3 Current details on the register of person authorised¹

Title *	Mr
Full forename(s)	Douglas Allan
Surname	Brown

① **Current details**
This information is used to identify
your details on the public record

4 Date of change of details

Date of change of details	d0	d1	m0	m2	y2	y0	y1	y6
Please complete the appropriate sections to indicate which of your details have changed								

5 Change of name details²

Title *	
Full forename(s)	
Surname	

② Please enter your new name

6 Change of service address³

Building name/number	
Street	
Post town	
County/Region	
Postcode	
Country	UNITED KINGDOM

③ **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

Please complete Section 6a if
your usual residential address has
changed

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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

Company name

Address

Post town

County/Region

Postcode

Country

DX

Telephone

01707 422736



Checklist

We may return forms completed incorrectly or with information missing

Please make sure you have remembered the following

- ☐ The company name and number as registered in the UK match the information held on the public Register
- ☐ You have completed Section 2
- ☐ You have completed the current details of the person authorised in Section 3
- ☐ You have completed in Section 4 the date of change of details
- ☐ Any new address 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 entered the relevant change of details
- ☐ 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 or email enquires@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk

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Change of authority of the person authorised

	Please enter the extent of your authority as person authorised Please tick one box		<p>❶ 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</p> <p>❷ 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</p>
Extent of authority	<input type="checkbox"/> Limited ❶ <input type="checkbox"/> Unlimited		
Description of limited authority, if applicable			
	Are you authorised to act alone or jointly? Please tick one box <input type="checkbox"/> Alone <input type="checkbox"/> Jointly ❷		
If applicable, name(s) of person(s) with whom you are acting jointly			

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Signature

	I am signing this form on behalf of the overseas company	
Signature	<div>Signature</div> <div>X </div>	X
	This form may be signed by Director, Secretary, Permanent representative	