

# OS AP01

## Appointment of director of an overseas company



Companies House

☒ **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 appoint  
a corporate director of an overseas  
company. To do this, please use  
OS AP02 'Appointment of corporate  
director of an overseas company'.

TUESDAY



\*AB927JWY\*

A09

26/07/2022

#11

COMPANIES HOUSE

### 1 Overseas company details

Company number F C 0 3 0 0 9 4

Company name in full  
or alternative name as  
registered in the UK SEELE GMBH UK BRANCH

#### → Filling in this form

Please complete in typescript or in  
bold black capitals.

All fields are mandatory unless  
specified or indicated by \*

### 2 Date of director's appointment

Date of appointment d 0 4 m 0 4 y 2 0 y 1 6

### 3 New director's details

Title\* MR

Full forename(s) MICHAEL

Surname SEELE

Former name(s) ①

Country/State of  
residence ② GERMANY

Nationality GERMAN

Month/year of birth ③ X X m 0 3 y 1 9 y 8 8

Business occupation  
(if any) ④ DIRECTOR

#### ① Former name(s)

Please provide any previous names  
(including maiden or married names)  
which have been used for business  
purposes in the last 20 years.

Continue in Section 8 if required.

#### ② Country/State of residence

This is in respect of your usual  
residential address as stated in  
Section 4a.

#### ③ Month and year of birth

Please provide month and year only.  
Provide full date of birth in  
section 3a.

#### ④ Business occupation

If you have a business occupation,  
please enter here. If you do not,  
please leave blank.

### 4 New director's service address ⑤

Please complete your service address below. You must also complete your usual  
residential address in Section 4a.

Building name/number THE GALLERIES

Street CHARTERS ROAD

SUNNINGALE

Post town ASCOT

County/Region BERKSHIRE

Postcode S L 5 9 Q J

Country UNITED KINGDOM

#### ⑤ 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.

**OS AP01****Appointment of director of an overseas company**

|                                                                      |                                                                                                                                                     |  |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>5</b>                                                             | <b>Director's authority</b>                                                                                                                         |  |
|                                                                      | Please enter the extent of your authority as director. Please tick one box.                                                                         |  |
| Extent of authority                                                  | <input type="checkbox"/> Limited ❶<br><input checked="" type="checkbox"/> Unlimited                                                                 |  |
| Description of limited authority, if applicable                      | Are you authorised to act alone or jointly? Please tick one box.<br><input checked="" type="checkbox"/> Alone<br><input type="checkbox"/> Jointly ❷ |  |
| If applicable, name(s) of person(s) with whom you are acting jointly |                                                                                                                                                     |  |
|                                                                      |                                                                                                                                                     |  |

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.

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.

|          |                                                                                                                                                                                                                                                                                        |                     |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>6</b> | <b>UK establishments</b>                                                                                                                                                                                                                                                               |                     |
|          | 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 one UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below. |                     |
|          | UK establishment name                                                                                                                                                                                                                                                                  | Registration number |
|          | SEELE GMBH                                                                                                                                                                                                                                                                             | B R 0 1 5 0 8 8     |
|          |                                                                                                                                                                                                                                                                                        |                     |
|          |                                                                                                                                                                                                                                                                                        |                     |
|          |                                                                                                                                                                                                                                                                                        |                     |

|           |                                                                                                       |  |
|-----------|-------------------------------------------------------------------------------------------------------|--|
| <b>7</b>  | <b>Signature</b>                                                                                      |  |
| Signature | Signature<br><br>X |  |
|           | This form may be signed and authorised by:<br>Director, Secretary, Permanent representative.          |  |

|                  |                                                             |  |
|------------------|-------------------------------------------------------------|--|
| <b>8</b>         | <b>Additional former name(s) (continued from Section 3)</b> |  |
| Former name(s) ❸ |                                                             |  |
|                  |                                                             |  |
|                  |                                                             |  |
|                  |                                                             |  |

❸ Additional former names  
Use this space to enter any additional names.

# OS AP01

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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 FLEUR LONG

Company name DAVIS BURTON SELLEK

Address THE GALLERIES

CHARTERS ROAD

SUNNINGDALE

Post town ASCOT

County/Region BERKSHIRE

Postcode S L 5 9 Q J

Country UNITED KINGDOM

DX

Telephone 01344 620495



### 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 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.
- ☐ You have provided a correct date of birth.
- ☐ You have provided a business occupation if there is one.
- ☐ You have provided both the service address and the usual residential address.
- ☐ 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.
- ☐ You have enclosed a relevant higher protection application if applying for this at the same time as completing this form.
- ☐ 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.



### Important information

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



### 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.gov.uk/companieshouse](http://www.gov.uk/companieshouse) 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.gov.uk/companieshouse](http://www.gov.uk/companieshouse)