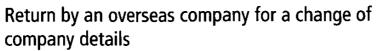
In accordance with Section 1046 of the Companies Act 2006 & Regulation 13 of the Overseas Companies Regulations 2009

OS CH02





What this form is for You may use this form to change the details of an overseas company What this form is NOT for You cannot use this form to do the details of a UK establishme To do this, please use form O 'Return by a UK establishme an overseas company for choof details'



16/07/2015 COMPANIES LIG

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	of details '	COMPANIES HOUSE
Part 1	Overseas company details	
	This section must be completed by all companies	
A1	Overseas company details	<u>. </u>
Company number	F C 0 3 1 4 5 9	→ Filling in this form Please complete in typescript or in
Company name in full	HEALTHCARE AT HOME EUROPE BV	bold black capitals
or alternative name as registered in the UK		All fields are mandatory unless specified or indicated by *
Part 2	Company change of details	
	Please complete the appropriate Sections B1-B6 to indicate which of your details have changed. Please note that Section B3, B4, B5 & B6 are not required to be completed by companies incorporated in an EC member state or if the changes are already disclosed in the constitutional documents and have been filed with the Registrar.	
	This return must be delivered to the Registrar within 21 days of the alteration being made	
B1	Change in legal form	
Change in legal form		If the company has changed its legal form either by its own decision or by a change in its parent law, please
Date of change	d d m m y y y y	give the details here
B2	Change to accounting requirements	
	Please give the period for which the company is required to prepare accounts by parent law, in substitution for a period previously notified	
From	d	
То	d m m	
	Please give the period allowed for the preparation and public disclosure of accounts for the above accounting period	
Months		

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Return by an overseas company for a change of company details

	Principal place of business or registered office address in parent country
	FLOOR 2 AND 3, 93
Street	CUSERSTRAAT
Post town	AMSTERDAM
County/Region	
Postcode	1 0 8 1 C N
Country	NETHERLANDS
Date of change	d 1 d 6 TO T6 Y 2 Y 0 Y 1 Y 5
B4	Objects
	Please give the change of objects and the date of change of the objects
Change of objects	
- ,	
Date of change	d d m m y y y
B5	Capital
	Has the capital been increased or decreased?
	→ Increased Please complete 'Increased from/Increased to'
	→ Decreased Please complete 'Decreased from/Decreased to'
	Please also give the date of change of the capital
Increased from	
Increased to	
	or
Decreased from	
Decreased to	
Date of change	d d m m y y y
B6	Governing Law
	Please list any changes in the law under which the company was incorporated (e.g. a change in legislation) and give the date of change
Date of change	d d m m y y y y

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B7	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							
	UK establishment name	Reg	gistra	tion r	umb	er			
	HEALTHCARE AT HOME EUROPE BV	В	R	0	1	6	5	2	7
Part 3	Signature		<u> </u> 						
	I am signing this form on behalf of the overseas company								
Signature	Signature X All Guff	X							
	This form may be signed by Director, Secretary, Permanent representative								
								•	

OS CH02

OS CH02

Return by an overseas company for a change of company details

Presenter int	ormation
you do it will help Coi	ve any contact information, but if mpanies House if there is a query act information you give will be the public record
Contact name NATALIE-	JADE PRICE
Company name HEALTH	CARE AT HOME
Address FIFTH AVEN	UE
CENTRUM 100	
Post town BURTON OI	N TRENT
County/Region STAFFS	
Postcode D	E 1 3 2 W S
Country UK	
DX	
Telephone 01283 560 9	999
✓ Checklist	
We may return form with information m	ns completed incorrectly or issing
Please make sure ye	ou have remembered the
_	ne and number as registered

Important information

Please note that all information on this form will appear on the public record

✓ 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

Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email 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

in the UK match the information held on the

It cannot be a PO Box number (unless part of a full address), DX or LP (Legal Post in Scotland) number

☐ You have entered the relevant change of

☐ A new address must be a physical location

☐ You have completed Section B7, if applicable

public Register

company details

You have signed the form