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 overseas company. To do this, please OS AP02 'Appointment of codurector of an overseas com



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|--|---|-----|------|------|----------------|----------------|-------|---|----------|--|--|--|--|--|--|
| Company number   | F   |     | C    | 0    | 3              | 1              | 7     | 1   | 3        |  | ->   | •  |  |  |  |
| Company name in full or alternative name as registered in the UK | Gold Diamond D County Hall 2013 Ltd   |     |      |      |                |                |       |   |          | Please complete in typescript or in bold black capitals  All fields are mandatory unless specified or indicated by *   |  |  |  |  |  |
| 2  | Dat   | e   | of c | ire  | ctor'          | s api          | ooin  | tme   | nt       |  | <u> </u>                                       | opeoined of included by                                  |  |  |  |
| Date of appointment  | <sup>d</sup> 2  |     | 7    |      | m <sub>O</sub> | m <sub>7</sub> |       |   |          | y 1 y 5  |  |  |  |  |  |
| 3  | Nev   | N   | dire | ecto | or's d         | etail          | s     |   | <u> </u> |  |  |  |  |  |  |
| Title *  | Mr  |     |      |      |                |                | 0     | Please provide any previous names which have been used for business |          |  |  |  |  |  |  |
| Full forename(s)   | Sultan Alı Ahmed Hamad  |     |      |      |                |                |       |   |          |  |  |  |  |  |  |
| Surname  | AlDhaheri   |     |      |      |                |                |       |   |          | purposes in the past 20 years  Marned women do not need to give  |  |  |  |  |  |
| Former name(s) •   |   |     |      |      |                |                |       |   |          |  |  | former names unless previously use for business purposes |  |  |  |
| Country/State of residence 2                                     | United Arab Emirates  |     |      |      |                |                |       |   |          | Continue in Section 8 if required  |  |  |  |  |  |
| Nationality  | Emirati   |     |      |      |                |                |       |   | 6        | Country/State of residence This is in respect of your usual  |  |  |  |  |  |
| Date of birth  | d 0 d 5 m 2 y 1 y 9 y 8 y 4   |     |      |      |                |                |       |   |          | !  | residential address as stated in<br>Section 4a |  |  |  |  |
| Business occupation (if any) 3                                   | Investment Manager  |     |      |      |                |                |       |   |          | Business occupation     If you have a business occupation,     please enter here if you do not,     please leave blank |  |  |  |  |  |
| 4  | Nev   | N   | dıre | ecto | or's s         | ervic          | e ac  | dre   | ss C     |  |  |  |  |  |  |
|  | Please complete your service address below You must also complete your usual residential address in <b>Section 4a</b> |     |      |      |                |                |       |   | 0        | Service address This is the address that will appear on the public record. This does not                               |  |  |  |  |  |
| Building name/number   | er 171  |     |      |      |                |                |       |   |          |  | `  | have to be your usual residential address                |  |  |  |
| Street   | Main Street   |     |      |      |                |                |       |   |          |  | If you provide your residential                |  |  |  |  |
|  | PO Box 4041   |     |      |      |                |                |       | address here it will appear on the<br>public record                 |          |  |  |  |  |  |  |
| Post town  | Tortola   |     |      |      |                |                |       | •   |          |  |  |  |  |  |  |
| County/Region  |   | _   |      |      | _              |                |       | _   |          |  |  |  |  |  |  |
| Postcode   |   | 7   |      |      |                | Γ_             |       |   |          | •  |  |  |  |  |  |
| Country  | British Virgin Islands  |     |      |      |                |                |       |   |          |  |  |  |  |  |  |

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| 5   | Director's authority  |                |   |   |   |  |   |          |          |
|---|---|----------------|---|---|---|--|---|----------|----------|
|   | Please enter the extent of your authority as director. Please tick one box  | 0              | If you have indicated that the extent of your authority is limited, please                                |   |   |  |   |          |          |
| Extent of authority                                 | Limited ① [x] Unlimited   |                | provide a brief description of the limited authority in the box below  If you have indicated that you are |   |   |  |   |          |          |
| Description of limited                              |   | ĺ              | not authorised to act alone but only jointly, please enter the name(s) of                                 |   |   |  |   |          |          |
| authority, if applicable                            | Are you authorised to act alone or jointly? Please tick one box   |                | the person(s) with whom you are authorised to act below   |   |   |  |   |          |          |
|   | Alone   |                |   |   |   |  |   |          |          |
|   | [x] Jointly 2   |                |   |   |   |  |   |          |          |
| If applicable, name(s)                              | Frank Veenstra  |                |   |   |   |  |   |          |          |
| of person(s) with<br>whom you are<br>acting jointly | Khalifa Abdulla Obaid AlShamsi  |                |   |   |   |  |   |          |          |
| 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 that UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below |                |   |   |   |  |   |          |          |
|   | UK establishment name   | tration number |   |   |   |  |   |          |          |
|   |   | _              |   |   |   |  |   |          | _        |
|   |   |                |   |   | _ |  |   | <u> </u> | _        |
|   |   |                |   |   |   |  |   | <u> </u> | <u> </u> |
|   |   |                |   |   |   |  | 1 |          |          |
| 7   | Signature   |                |   |   |   |  |   |          |          |
| Signature   | Signature   | 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) 3                                    |   | •              | 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 Alastaır Zucker   | Where to send   |  |  |  |  |  |  |  |
| Company name Berwin Leighton Paisner LLP   | You may return this form to any Companies House address.  |  |  |  |  |  |  |  |
| Address Adelaide House  London Bridge  | 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 4 R 9 H A  Country   | 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)  |  |  |  |  |  |  |  |
| DX 92 LONDON/CHANCERY LN  Telephone +44 (0)20 3400 1000  Checklist   | 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  |  |  |  |  |  |  |  |
| 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   | 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  |  |  |  |  |  |  |  |
| UK match the information held on the public Register  You have completed the date of appointment   | <i>f</i> Further information  |  |  |  |  |  |  |  |
| 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. | 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 |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |