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 NO
You cannot use the for
a corporate director of
company. To do this, pl
OS APO2 'Appointment
director of an overseas



A12 03

03/11/2023 #3 COMPANIES HOUSE

Overseas company details → Filling in this form Company number C 0 Please complete in typescript or in Company name in full bold black capitals. ALPHA PLUS (BVI) LIMITED or alternative name as All fields are mandatory unless registered in the UK specified or indicated by 2 Date of director's appointment ^m8 ۵2 5 m O ^y 2 y 0 y 2 Date of appointment New director's details • Former name(s) Please provide any previous names Title* (including maiden or married names) Mr which have been used for business Full forename(s) Andrew David purposes in the last 20 years. Continue in Section 8 if required. Surname **Parsons** O Country/State of residence Former name(s) • This is in respect of your usual residential address as stated in Country/State of Bermuda Section 4a. residence @ Nationality Bermudian Please provide month and year only. Provide full date of birth in Month/year of birth 6 "О section 3a. **Business occupation** Business occupation Director If you have a business occupation, (if any) @ please enter here. If you do not, please leave blank. New director's service address 9 Please complete your service address below. You must also complete your usual Service address residential address in Section 4a. This is the address that will appear on the public record. This does not Building name/number Thistle House have to be your usual residential address. Street 4 Burnaby Streey If you provide your residential address here it will appear on the public record. Post town Hamilton County/Region Postcode Country Bermuda

OS AP01 Appointment of director of an overseas company

5	Director's authority								
	Please enter the extent of your authority as director. Please tick one box.		- 0		have	indica	ted tha	at the	extent
Extent of authority	☐ Limited © ☐ Unlimited	of your authority is limited, please provide a brief description of the limited authority in the box below. Mited of your authority is limited, please provide a brief description of the limited authority in the box below.							
Description of limited authority, if applicable	Are you authorised to act alone or jointly? Please tick one box.		_ j	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.					
	☐ Jointly ②								
If applicable, name(s) of person(s) with whom you are acting jointly			-						
6	UK establishments		1						_
	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	istrat	ion n	umb	er			
	ALPHA PLUS (BVI)	В	R	0	2	0	1	6	4
			,				. !	_	_
			-	 	_	\vdash			
7	Signature		<u> </u>			<u></u>	<u> </u>		<u></u>
Signature	Signature	×							
•	This form may be signed and authorised by: Director, Secretary, Permanent representative.								
8	Additional former name(s) (continued from Section 3)								
ormer name(s)			Us	Additional former names Use this space to enter any additional names.					
	:		1						

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 Rachel Wall	-
Company name CMS	
Cameron McKenna Nabarro Olswang LLP	
Cannon Place	
78 Cannon Street	
Post town	
London	
County/Region	_
Postcode E C 4 N 6 A F	
Country	•
DX	•
Telephone 0131 200 7500	
✓ 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 Registe	
☐ You have completed the date of appointment.	
You have included all former names used for busines	5\$
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	

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.

Turther information

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

You have entered the extent of the director's

☐ You have completed Section 6, if applicable.

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

usual residential address.

completing this form.

authority in Section 6.

☐ You have signed the form.