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 app a corporate director of an overs company. To do this, please use OS AP02 'Appointment of corpo director of an overseas compan



A09 11/05/2019 COMPANIES HOUSE

#258

1	Overseas company details					
Company number	F C 0 3 6 2 1 1	→ Filling in this form Please complete in typescript or in				
Company name in full	LOCKTON INSURANCE BROKERS (IRELAND) LIMITED	bold black capitals. All fields are mandatory unless specified or indicated by *				
or alternative name as registered in the UK						
2	Date of director's appointment					
Date of appointment	$\begin{bmatrix} d \\ 0 \end{bmatrix} \begin{bmatrix} d \\ 8 \end{bmatrix} \begin{bmatrix} m \\ 0 \end{bmatrix} \begin{bmatrix} m \\ 4 \end{bmatrix} \begin{bmatrix} y \\ 2 \end{bmatrix} \begin{bmatrix} y \\ 0 \end{bmatrix} \begin{bmatrix} y \\ 1 \end{bmatrix} \begin{bmatrix} y \\ 9 \end{bmatrix}$					
3	New director's details	• Former name(s)				
Title*	MR	Please provide any previous names (including maiden or married name				
Full forename(s)	AIDAN	which have been used for business purposes in the last 20 years.				
Surname	BRADY	Continue in Section 8 if required.				
Former name(s) •		② Country/State of residence This is in respect of your usual				
Country/State of residence	IRELAND	residential address as stated in Section 4a.				
Nationality	IRISH	Month and year of birth Please provide month and year only				
Month/year of birth ¹	X X	Provide full date of birth in section 3a.				
Business occupation (if any) ©	INSURANCE BROKER	O Business occupation If you have a business occupation, please enter here. If you do not, please leave blank.				
4	New director's service address 🏻					
	Please complete your service address below. You must also complete your usual residential address in Section 4a .	Service address This is the address that will appear				
Building name/number	THE ST BOTOLPH BUILDING	on the public record. This does not have to be your usual residential				
Street	138 HOUNDSDITCH	address. If you provide your residential				
		address here it will appear on the public record.				
Post town	LONDON	public record.				
County/Region						
Postcode	EC3A7AG					
Country	ENGLAND					

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5	Director's authority						_			
	Please enter the extent of your authority as director. Please tick one box.			• If you have indicated that the extent of your authority is limited, please						
Extent of authority	☐ Limited ● ☐ Unlimited			provide a brief description of the limited authority in the box below. If you have indicated that you are not authorised to act alone but only						
Description of limited authority, if applicable			j	ointly,	please	e ente	r the na	ame(s) of	
	Are you authorised to act alone or jointly? Please tick one box.			ne per iuthori			whom elow.	you a	re	
	☑ Alone □ Jointly ❷									
If applicable, name(s) of person(s) with whom you are acting jointly										
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 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	Regi	istration number							
	LOCKTON INSURANCE BROKERS (IRELAND) LIMITED	В	R	0	2	1	2	9	9	
7	Signature									
Signature	Signature X SAHUS	X				-				
	This form may be signed and authorised by: Direct or, Secretary, Permanent representative.									
8	Additional former name(s) (continued from Section 3)									
Former name(s) ⁶			lι	Additional former names Use this space to enter any additional names.						

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Presenter information	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 and day of birth.						
Contact name SARAH JEFFS	■ Where to send						
Company name LIGS LIMITED	You may return this form to any Companies House address:						
THE ST BOTOLPH BUILDING 138 HOUNDSDITCH	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 3 A 7 A G Country ENCLAND	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 Telephane	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.						
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.	<i>i</i> Further information						
 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. 	For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk						
☐ You have provided a correct date of birth. ☐ You have provided a business occupation if there is	This form is available in an						
one. You have provided both the service address and the	alternative format. Please visit the						
usual residential address. ☐ Addresses must be a physical location. They cannot	forms page on the website at www.gov.uk/companieshouse						
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	TTTT TO THE TOTAL OF THE TOTAL						

☐ You have completed Section 6, if applicable.

☐ You have signed the form.