

# OS AP05

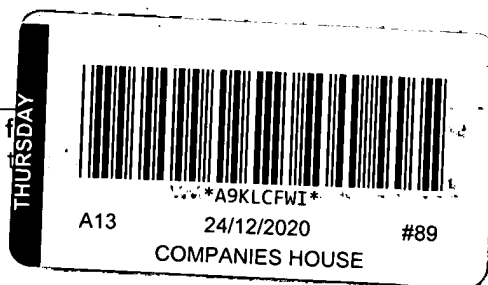
Appointment by an overseas company of a person  
authorised to represent the company as a  
permanent representative in respect of a  
UK establishment



Companies House

☒ **What this form is for**  
You may use this form to appoint  
a person authorised to represent  
the company in respect of the UK  
establishment.

☐ **What this form is NOT for**  
You cannot use the form for  
any other appointment.



## 1 Overseas company details

Company number **F C 0 3 7 0 3 2**

Company name in full  
or alternative name as  
registered in the UK **Arvelle Therapeutics Netherlands B.V.**

→ **Filling in this form**  
Please complete in typescript or in  
bold black capitals.  
  
All fields are mandatory unless  
specified or indicated by \*

## 2 UK establishment details

UK establishment  
number **B R 0 2 2 1 2 0**

UK establishment  
name in full **Arvelle Therapeutics UK**

## 3 Date of appointment of new person authorised

Date of appointment **d0 d1 m1 m2 y2 y0 y2 y0**

## 4 Details of new person authorised

Title\*  
Full forename(s) **Stuart Peter**  
Surname **Mulheron**  
Former name(s) <sup>1</sup>

**1 Former name(s)**  
Please provide any previous names  
which have been used for business  
purposes in the past 20 years.  
  
Married women do not need to give  
former names unless previously used  
for business purposes.  
  
Continue in Section 8 if required.

## 5 Service address of new person authorised <sup>2</sup>

Please complete the service address below. You must also complete the usual  
residential address of the person authorised in **Section 5a**.

Building name/number **Regus Oxford Circus**  
Street **33 Cavendish Square**  
Post town **London**  
County/Region  
Postcode **W 1 G 0 P W**  
Country **UK**

**2 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.

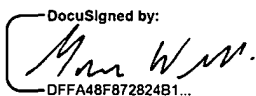
**OS AP05**

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**6 Authority of new person authorised**

|                                                                                         |                                                                                            |                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please enter the extent of your authority as person authorised.<br>Please tick one box. |                                                                                            | <b>1</b> 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.<br><br><b>2</b> 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. |
| Extent of authority                                                                     | <input type="checkbox"/> Limited <b>1</b><br><input checked="" type="checkbox"/> Unlimited |                                                                                                                                                                                                                                                                                                                                                  |
| Description of limited authority, if applicable                                         | Are you authorised to act alone or jointly? Please tick one box.                           |                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                         | <input checked="" type="checkbox"/> Alone<br><input type="checkbox"/> Jointly <b>2</b>     |                                                                                                                                                                                                                                                                                                                                                  |
| If applicable, name(s) of person(s) with whom you are acting jointly                    |                                                                                            |                                                                                                                                                                                                                                                                                                                                                  |

**7 Signature**

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

**8 Additional former name(s) (continued from Section 4)**

|                         |                                                                                                     |                                                                                     |
|-------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Former name(s) <b>3</b> | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> | <b>3</b> Additional former name(s)<br>Use this space to enter any additional names. |
|-------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

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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 Aline Sohm

Company name Deloitte AG

Address General-Guisan-Quai 38

Post town Zurich

County/Region Zurich

Postcode 8 0 2 2

Country Switzerland

DX

Telephone +41 79 511 93 09



## 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 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 included all former names used for business purposes over the last 20 years.
- ☐ 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 authority of the new person authorised in Section 6.
- ☐ 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.



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