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 form to You cannot use the form to a corporate director of an company. To do this, pleas OS AP02 'Appointment of director of an overseas corporate in the corporate in the



A13 05/03/2021 COMPANIES HOUSE

Overseas company details Filling in this form Company number С 3 8 0 0 Please complete in typescript or in Company name in full bold black capitals. CHUBB EUROPEAN GROUP SE or alternative name as All fields are mandatory unless registered in the UK specified or indicated by * Date of director's appointment Date of appointment ď New director's details • Former name(s) Please provide any previous names Title* (including maiden or married names) which have been used for business Full forename(s) SARA purposes in the last 20 years. Continue in Section 8 if required. Surname **MITCHELL** O Country/State of residence Former name(s) • This is in respect of your usual residential address as stated in Country/State of UNITED KINGDOM Section 4a. residence @ Month and year of birth Nationality **BRITISH** Please provide month and year only. Provide full date of birth in ^m4 Month/year of birth 6 0 8 section 3a. **Business** occupation OBusiness occupation If you have a business occupation, (if any) @ **DIRECTOR** 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 100 have to be your usual residential address. Street LEADENHALL STREET If you provide your residential address here it will appear on the public record. Post town LONDON County/Region Postcode В UNITED KINGDOM Country

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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 ① ☐ Unlimited		li p	provide a brief description of the limited authority in the box below. If you have indicated that you are							
Description of limited authority, if applicable					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.						
					sea to	act b	elow.				
	☐ Jointly ②										
If applicable, name(s)											
of person(s) with whom you are acting jointly					٠						
6	UK establishments		<u> </u>						_		
	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 one UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below.										
	UK establishment name	Reg	istrat	stration number							
	CHUBB EUROPEAN GROUP SE	В	R	0	2	3	0	9	[3		
		_		_	·		·				
		 			 .	<u> </u>					
7	Signature	<u> </u>	<u> </u>	1	<u></u>				_		
Signature	Signature DocuSigned by: 90C9000F378F4F0	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) 9			l u	lse thi	itional former names this space to enter any tional 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. **CHUBB SECRETARIAT CHUBB EUROPE** 100 LEADENHALL STREET Post town LONDON UNITED KINGDOM Postcode Ċ 3 Εl 3 В Country DX Checklist We may return forms completed incorrectly or with information missing. Please make sure you have remembered the ☐ 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 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.

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

Further 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.

You have provided a business occupation if there is

☐ You have provided both the service address and the

☐ 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.