Return of alteration in the directors or secretary of a Part XXIII company or in their L particulars

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for official use attach barcode here



Country:

| 00510386 | particulars mpany number <i>(e.g. FC 0</i> 99999): | Photocopies of this form will not be accepted | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| and/or lower case letters exactly as you intend them to appear in Company name in | F C 0 0 2 4 1 0 | | | | | | | | | | | | | | |
| Black Ink. Please leave a blank | Company name (in full): | | | | | | | | | | | | | | |
| box to indicate a space. | LOMBARDNORTHCENTR | A L | | | | | | | | | | | | | |
| Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS | LEASING LIMITED | | | | | | | | | | | | | | |
| and in Black Ink. Please leave a blank box to indicate a | | | | | | | | | | | | | | | |
| space. Use a separate row for each address line. | Appointment | | | | | | | | | | | | | | |
| Please do not fold this form. | Date of appointment (DD/MM/YYYY): | | | | | | | | | | | | | | |
| (Turn over page for resignation and change of | | | | | | | | | | | | | | | |
| particulars.) Please mark the | Appointment of director | | | | | | | | | | | | | | |
| appropriate box. If the appointment is as | Appointment of secretary Title: | | | | | | | | | | | | | | |
| director and secretary mark both boxes. | Title: DEPARTMENT OF ENTERPRISE TRADE & INVESTMENT | | | | | | | | | | | | | | |
| * See Note 1 | COMPANIES REGISTRY | | | | | | | | | | | | | | |
| See Note 1 | n 2 JUL 2008 | | | | | | | | | | | | | | |
| | Surname: COUNTER RECEIVED | | | | | | | | | | | | | | |
| | Surname. | | | | | | | | | | | | | | |
| * See Note 1 | Previous name *: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Usual residential address: | | | | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Address Line 2 | | | | | | | | | | | | | | | |
| Post town | | | | | | | | | | | | | | | |
| County/region | | | | | | | | | | | | | | | |
| | Postcode: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

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| Γ | Appointment (continued) | 642(1)(b) Page 2 | | | | | | | | | | | | | |
|--|--|------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Please complete all | Date of birth † (DD/MM/YYYY): | | | | | | | | | | | | | | |
| remaining boxes on this form legibly, in CAPITAL LETTERS | | | | | | | | | | | | | | | |
| and in Black Ink. Please leave a blank | Nationality †: | | | | | | | | | | | | | | |
| box to indicate a space. Use a | | | | | | | | | | | | | | | |
| separate row for each address line. Please do not fold | Business occupation †: | | | | | | | | | | | | | | |
| this form. | | | | | | | | | | | | | | | |
| | Other directorships †: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Yes No | | | | | | | | | | | | | | |
| ‡ See Note 2 | Other directorships detail ‡: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Consent signature | | | | | | | | | | | | | | |
| | Signed: Date (DD/MM/YYYY): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | A serving director etc. must also sign the form on page 4 | | | | | | | | | | | | | | |
| (This includes any form of ceasing to | Resignation | | | | | | | | | | | | | | |
| hold office e.g. death or removal from office.) | Date of resignation (DD/MM/YYYY): | | | | | | | | | | | | | | |
| onice.) | 3 0 0 4 2 0 0 0 | | | | | | | | | | | | | | |
| Please mark the | | | | | | | | | | | | | | | |
| appropriate box. If resignation etc. is as | Resignation etc. as director | | | | | | | | | | | | | | |
| director and secretary mark both boxes. | Resignation etc. as secretary Forenames *: | | | | | | | | | | | | | | |
| * See Note 1 | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Surname: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Date of birth † (DD/MM/YYYY): | | | | | | | | | | | | | | |
| | 1 8 0 1 1 9 6 9 | | | | | | | | | | | | | | |
| | If cessation is other than resignation please state reason (e.g. death): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| † Directors only | | T T T T | | | | | | | | | | | | | |
| , Directors only | | | | | | | | | | | | | | | |

| Complete this section in all cases where | Change of Particulars | 12(1)(b) Page 3 | | | | | | | | | | | | | |
|--|---|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| particulars have changed and then the appropriate section below, i.e. Change of name. | Date of change of particulars (DD/MM/YYYY): | | | | | | | | | | | | | | |
| Please mark the appropriate box. If change of particulars etc. is as director and secretary mark both boxes. * See Note 1 | Change of particulars as director Change of particulars as secretary Forenames *: | | | | | | | | | | | | | | |
| Names previously notified to | | | | | | | | | | | | | | | |
| Companies Registry. | Surname: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Date of birth † (DD/MM/YYYY): | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (enter new name). | Change of name: | | | | | | | | | | | | | | |
| * See Note 1 | Forenames *: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | Surname: | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (t | | | | | | | | | | | | | | | |
| (enter new address). | Change of usual residential address: | | | | | | | | | | | | | | |
| Address Line 1 | | | | | | | | | | | | | | | |
| Address Line 2 | | | | | | | | | | | | | | | |
| Post town | | | | | | | | | | | | | | | |
| County/region | | | | | | | | | | | | | | | |
| , , | | | | | | | | | | | | | | | |
| Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank | Postcode: Country: | | | | | | | | | | | | | | |
| box to indicate a space. Use a separate row for each address line. Please do not fold | | | | | | | | | | | | | | | |

this form.

Change of Particulars (continued)

Please complete all remaining boxes on this form legibly, in **CAPITAL LETTERS** and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

| 0 | Other change (please specify): | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------------|--|--|--|-----|--|--|--|--|--|----------|--|--|---|---|-----------|------|---|---|--|---|---|---|---|---|--|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Τ | | | | | | | | | | <u> </u> | | | Τ | | | | Π | Π | | Γ | Γ | Γ | Γ | Γ | | |
| _ | | | | | / . | | | | | | | | | | 1 | · · · · · | | | 1 | | • | | | | | | |

A serving director/secretary etc. must also sign the form below

Counter signature

A serving director/secretary etc. must also sign the form below

Signed:

Date (DD/MM/YYYY):

(by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate)

After signing please return the form to: **Companies Registry** 1st Floor, Waterfront Plaza 8 Laganbank Road **Belfast BT1 3LX**

| To whom should |
|----------------------|
| Companies Registry |
| direct any enquiries |
| about the |
| information on this |
| form? |

Address

Address

Contact name:

| out the | G | R | О | U | P | | S | Е | С | R | Ε | T | Α | R | Ι | Α | T | <u> </u> | | | | | | | | L | 丄 | 丄 | |
|------------------|----|-----|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|---|---|---|---|---|---|---|---|---|---|
| on this form? | Ad | dre | ss: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| s Line 1 | Т | Н | Е | | R | 0 | Y | A | L | | В | A | N | K | | 0 | F | S | С | 0 | Т | L | A | N | D | | | | |
| s Line 2 | 3 | | P | R | Ι | N | С | Е | S | S | | W | A | Y | | | | | | | | | | | | | | |] |
| st town | R | Е | D | Н | I | L | L | | | | | | | | | | | | | | | | | | | | | |] |
| //region | S | U | R | R | Е | Y | | | | | | | | | | | | | | | | | | | | | I | |] |

Pos

County/:

Postcode:

Tel:

Notes

1. Show all full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

2. In the case of an individual who has no business occupation but holds other directorships, give particulars of them.

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was

- dormant
- a parent company which wholly owned the company making the return
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.