| •      |    |            |    |     | 642(1)(b) Page 1 |
|--------|----|------------|----|-----|------------------|
| Return | of | alteration | in | the | for official use |

642(1)(b) Return of altoration directors or secretary of a Part company or in their XXIII company or in their L particulars

attach barcode here

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|--------------|--|

Photocopies of this form will not be accepted npany number (e.g. FC 099999): allujul luwel case letters exactly as you 0 0 2 4 intend them to appear in Company name in Black Ink. Company name (in full): Please leave a blank box to indicate a В space. Please complete all remaining boxes on Т D this form legibly, in **CAPITAL LETTERS** and in Black Ink. Please leave a blank box to indicate a space. Use a **Appointment** separate row for each address line. Date of appointment (DD/MM/YYYY): Please do not fold this form. 6 2 0 0 7 0 (Turn over page for DEPARTMENT OF ENTERPRISE
TRADE & INVESTMENT resignation and change of COMPANIES REGISTRY particulars.) Appointment of director Please mark the N 2 JUL 2008 Appointment of secretary appropriate box. If the appointment is as Title: director and secretary COUNTER RECEIVED mark both boxes. \* See Note 1 Forenames \*: CH Surname: R \* See Note 1 Previous name \*: Usual residential address: Address Line 1 Address Line 2 Post town

County/region Postcode: 3 В

> Country: D

|   | Appointment (continued)  | 642     | (1)(b) | Page 2 |  |  |  |  |  |  |  |
|---|--|---------|--------|--------|--|--|--|--|--|--|--|
| Please complete all remaining boxes on                                  | Date of birth † (DD/MM/YYYY):  |         |        |        |  |  |  |  |  |  |  |
| this form legibly, in<br>CAPITAL LETTERS<br>and in Black Ink.           | 2 9 0 9 1 9 5 6  |         |        |        |  |  |  |  |  |  |  |
| Please leave a blank box to indicate a                                  | Nationality †:   |         |        |        |  |  |  |  |  |  |  |
| space. Use a separate row for   | BRITISH  |         |        |        |  |  |  |  |  |  |  |
| each address line. Please do not fold this form.                        | Business occupation †:   |         |        |        |  |  |  |  |  |  |  |
|   | BANKOFFICAL  |         |        |        |  |  |  |  |  |  |  |
|   | Other directorships †:   |         |        |        |  |  |  |  |  |  |  |
|   | Yes No   |         |        |        |  |  |  |  |  |  |  |
| ‡ See Note 2  | Other directorships detail ‡:  |         |        |        |  |  |  |  |  |  |  |
|   | ALLINTERNALGROUP   |         |        |        |  |  |  |  |  |  |  |
|   | D I R E C T O R S H I P S  | $\prod$ |        |        |  |  |  |  |  |  |  |
|   |  |         | _      |        |  |  |  |  |  |  |  |
|   | Consent signature  |         |        |        |  |  |  |  |  |  |  |
|   | Signed: Date (DD/MM/YYY)   | YY):    |        |        |  |  |  |  |  |  |  |
|   | वि व                                 | 7       |        |        |  |  |  |  |  |  |  |
|   | 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<br>or removal from<br>office.)                   | Date of resignation (DD/MM/YYYY):  |         |        |        |  |  |  |  |  |  |  |
| omoc.)  | 0 1 0 6 2 0 0 7  |         |        |        |  |  |  |  |  |  |  |
| Please mark the   | Resignation etc. as director   |         |        |        |  |  |  |  |  |  |  |
| appropriate box. If<br>resignation etc. is as<br>director and secretary | Resignation etc. as secretary  |         |        |        |  |  |  |  |  |  |  |
| mark both boxes.  | Forenames *:   |         |        |        |  |  |  |  |  |  |  |
| * See Note 1  | GRAHAM COLIN   |         |        |        |  |  |  |  |  |  |  |
|   | Surname:   |         |        |        |  |  |  |  |  |  |  |
|   | CLEMMETT   |         |        |        |  |  |  |  |  |  |  |
|   | Date of birth † (DD/MM/YYYY):  |         |        |        |  |  |  |  |  |  |  |
|   | 2 6 1 2 1 9 6 0  |         |        |        |  |  |  |  |  |  |  |
|   | If cessation is other than resignation please state reason (e.g. death): |         |        |        |  |  |  |  |  |  |  |
|   |  |         |        |        |  |  |  |  |  |  |  |
| † Directors only  |  | $\neg$  | Т      | Т      |  |  |  |  |  |  |  |

| Complete this section in all cases where  | Change of Particulars 642(1)(b) Page  | 3 |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|--|--|--|--|--|
| particulars have<br>changed and then the<br>appropriate section<br>below, i.e. Change of<br>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.  | Change of particulars as director  Change of particulars as secretary  Forenames *: |   |  |  |  |  |  |  |  |  |  |  |  |
| * See Note 1 Names previously   |   | ٦ |  |  |  |  |  |  |  |  |  |  |  |
| notified to Companies   | Surname:  |   |  |  |  |  |  |  |  |  |  |  |  |
| Registry.   |   | ٦ |  |  |  |  |  |  |  |  |  |  |  |
|   | Date of birth † (DD/MM/YYYY):   |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |  |
| (enter new name).   | Change of name:   |   |  |  |  |  |  |  |  |  |  |  |  |
| * See Note 1  | Forenames *:  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |  |  |  |  |  |
|   | Surname:  |   |  |  |  |  |  |  |  |  |  |  |  |
|   |   | _ |  |  |  |  |  |  |  |  |  |  |  |
| (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 box to indicate a space. Use a separate row for each address line. Please do not fold | Postcode:  Country:   |   |  |  |  |  |  |  |  |  |  |  |  |
| 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.

| Other chai           | nge    | (ple  | ase  | sp   | ec   | ity  | ):   |     |      |      |      |      |      |      |          |     |          |         |          |      |          |     |     |    |          |   |   |   |
|----------------------|--------|-------|------|------|------|------|------|-----|------|------|------|------|------|------|----------|-----|----------|---------|----------|------|----------|-----|-----|----|----------|---|---|---|
|                      |        |       |      |      |      |      |      |     |      |      |      |      |      |      |          |     |          |         |          |      |          |     |     |    |          |   |   |   |
|                      |        |       |      |      |      |      |      |     |      |      |      |      | L    |      |          |     |          |         |          |      |          |     |     |    |          |   |   | T |
| A serving o          | lirect | tor/s | ecr  | eta  | ry e | etc. | mι   | ıst | als  | o si | ign  | the  | for  | rm   | bel      | OW  | <b>/</b> |         |          |      |          |     |     |    |          |   |   |   |
| Counte               |        | _     |      |      |      |      |      |     |      |      |      |      |      |      |          |     |          |         |          |      |          |     |     |    |          | • |   |   |
| A serving<br>Signed/ | dire   | ctor  | sec  | cret | tary | et/  | c. n | านร | t al | so   | sig  | n th | e f  | orn  | า b      | elc | w        | D       | ate      | : (E | D/I      | ИМ. | /Y` | ΥΥ | Y).      | : | 1 |   |
| K                    | 1      |       | 4    |      |      |      |      |     |      |      |      |      |      |      |          |     |          | <u></u> | <u> </u> | C    | <b>7</b> | ع   | 0   | 0  | <u>څ</u> | 7 |   |   |
| (by a serv           | /ing   | dire  | ctor | )se  | cre  | tar  | y/ad | dmi | nis  | trat | or/a | adn  | nini | stra | <br>ativ | e   |          |         |          |      |          |     |     |    | -        |   |   |   |

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

receiver). (Delete as appropriate)

| To whom should Companies Registry | Contact name:   |                 |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------------|-----------------|-----------------|--|--|--|--|--|--|--|--|--|--|--|
| direct any enquiries<br>about the | GROUPSEC        | RETARIAT        |  |  |  |  |  |  |  |  |  |  |  |
| information on this form?         | Address:        |                 |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 1                    | THE ROYAL       | BANK OF SCOTLAN |  |  |  |  |  |  |  |  |  |  |  |
| Address Line 2                    | 3 P R I N C E S | S W A Y         |  |  |  |  |  |  |  |  |  |  |  |
| Post town                         | REDHILL         |                 |  |  |  |  |  |  |  |  |  |  |  |
| County/region                     | S U R R E Y     |                 |  |  |  |  |  |  |  |  |  |  |  |
|                                   | Postcode:       |                 |  |  |  |  |  |  |  |  |  |  |  |
|                                   | R H 1 1 N P     |                 |  |  |  |  |  |  |  |  |  |  |  |
|                                   | Tel:            |                 |  |  |  |  |  |  |  |  |  |  |  |

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