	642(1)(b) Page 1
642(	1)(b) Return of alteration in the for official use directors or secretary of a Part AXIII company or in their
	Company number (e.g. FC 099999):
Please use upper and/or lower case letters exactly as you	
ntend them to appear in Company name in	NF 002766
Black Ink. Please leave a blank	Company name (in full):
box to indicate a space.	CAU TRUST MANAGERS LIMITED
Please complete all remaining boxes on this form legibly, in	
CAPITAL LETTERS and in Black Ink. lease leave a blank	
box to indicate a space. Use a	Appointment
separate row for each address line. Hease do not fold this form.	Date of appointment (DD/MM/YYYY):
(Turn over page for	
resignation and change of particulars.)	Appointment of director
Please mark the appropriate box. If the	Appointment of secretary
appointment is as lirector and secretary	Title: *J3MFKSAA*  *J3MFKSAA*  *J10/12/2014 #31
mark both boxes.	COMPANIES HOUSE
* See Note 1	Forenames *:
	Surname:
	Surname:
* See Note 1	Surname:  Previous name *:
* See Note 1	
* See Note 1	
* See Note 1  Address Line 1	Previous name *:
	Previous name *:
Address Line 1	Previous name *:
Address Line 1 Address Line 2	Previous name *:
Address Line 1 Address Line 2	Previous name *:  Usual residential address:
Address Line 1 Address Line 2 Post town	Previous name *:
Address Line 1 Address Line 2 Post town	Previous name *:  Usual residential address:

	Appointment (continued)
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black ink. Please leave a blank	Date of birth † (DD/MM/YYYY):  Nationality †:
box to indicate a space. Use a separate row for each address line. Please do not fold	Business occupation †:
this form.	
	Other directorships †:
‡ 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):
Please mark the	
appropriate box. If resignation etc. is as director and secretary	Resignation etc. as director  Resignation etc. as secretary
mark both boxes.  * See Note 1	Forenames *:
	Sumame:
	Date of birth † (DD/MM/YYYY):
	If cessation is other than resignation please state reason (e.g. death):
† Directors only	
I DRECIDIS AITA	

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Complete this section in all cases where	Change of Particulars	542(1)(b) Page 3
particulars have changed and then the	Date of change of particulars (DD/MM/YYYY):	
appropriate section below, i.e. Change of		
name.	0 6 0 7 1 9 8 8	
Please mark the appropriate box. If	Change of particulars as director	
change of particulars etc. is as director and	Change of particulars as secretary	
secretary mark both boxes.	Forenames *:	
* See Note 1		<del></del>
Names previously notified to	$P \in T \in R$	
Companies Registry.	Surname:	
	GEOFFREY	
	Date of birth † (DD/MM/YYYY):	
	05051942	
(enter new name).	Change of name:	
* See Note 1	Forenames *:	
	PETER GEOFFREY	111
	Surname:	<del></del>
	WARD	
	•	
द हास्त new address).	Change of usual residential address:	
Address Line 1		
Address Line 2		
Address Line 2		
Post lown		
County/region		
Please complete all	Postcode:	
remaining boxes on this form legibly, in		
CAPITAL LETTERS and in Black Ink.	Country:	
lease leave a blank box to indicate a	· ·	
space. Use a eparate row for		
ಕಾರಗ address line. Siease do not fold this form.	·	

† Directors only

Date (DD/MM/YYYY):

## Change of Particulars (continued)

Counter signature

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 change	piease s	ресіту):		

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

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

(by a serving director/secretary/administrator/administrative

as directord

	(by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate)  Av Iva (company Jecretary/administrative Linited).	
To whom should Companies Registry	Contact name:	
direct any enquiries about the	JAMES VINCE	
information on this form?	Address:	
Address Line 1	WELLINGTON ROW	
Address Line 2		L_
Post town	YORK	
County/region	NORTH YORKSHIRE	<u> </u>
	Postcode:	
	7090 IWR	
	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.