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.

#### X What this form is NOT for You cannot use the form to appo a corporate director of an overse company. To do this, please use for OS APO2 'Appointment of corpora

director of an overseas company

29/04/2023

**COMPANIES HOUSE** 

JNI 28/03/2023 #302

COMPANIES HOUSE

|  |   | COM ANESTICOSE   |  |  |  |
|--|---|--|--|--|--|
| 1  | Overseas company details  |  |  |  |  |
| Company number   | N F 0 0 4 1 8 0   | → Filling in this form Please complete in typescript or in   |  |  |  |
| Company name in full or alternative name as registered in the UK | ALLIANCE MEDICAL DIAGNOSTIC IMAGING (NORTHERN   | bold black capitals.   |  |  |  |
|  | IRELAND) LIMITED  | All fields are mandatory unless specified or indicated by *  |  |  |  |
| 2  | Date of director's appointment  |  |  |  |  |
| Date of appointment  | $\begin{bmatrix} d & 0 & d & 9 \end{bmatrix}$ $\begin{bmatrix} m & 0 & m & 2 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 0 \end{bmatrix}$ $\begin{bmatrix} y & 2 & y & 2 \end{bmatrix}$ |  |  |  |  |
| 3  | New director's details  | • Former name(s)   |  |  |  |
| Title*   | MS  | Please provide any previous names<br>(including maiden or married names)   |  |  |  |
| Full forename(s)   | ANNE  | which have been used for business purposes in the last 20 years.   |  |  |  |
| Surname  | MCKEAGUE  | Continue in Section 8 if required.   |  |  |  |
| Former name(s) •   |   | Ocuntry/State of residence This is in respect of your usual  |  |  |  |
| Country/State of residence                                       | NORTHERN IRELAND  | residential address as stated in<br>Section 4a.  |  |  |  |
| Nationality  | BRMSH   | <b>6</b> Month and year of birth Please provide month and year only.   |  |  |  |
| Month/year of birth 6  | X X   | Provide full date of birth in section 3a.  |  |  |  |
| Business occupation (if any) •                                   | REGIONAL DIRECTOR   | Business occupation     If you have a business occupation, please enter here. If you do not, please leave blank. |  |  |  |
| 4  | New director's service address 🔊  |  |  |  |  |
|  | Please complete your service address below. You must also complete your usual residential address in <b>Section 4a</b> .  | <b>⊙</b> Service address  This is the address that will appear   |  |  |  |
| Building name/number   | Alliance Medical Northern Ireland Limited   | on the public record. This does not have to be your usual residential  |  |  |  |
| Street   | Hillsborough Scan Centre  | address.  If you provide your residential  |  |  |  |
|  | 2 Ballinahinch Road   | address here it will appear on the public record.  |  |  |  |
| Post town  | Hillsborough  | public record,   |  |  |  |
| County/Region  | Co. Down  |  |  |  |  |
| Postcode   | B T 2 6 6 A R   |  |  |  |  |
| Country  | NORTHERN IRELAND  |  |  |  |  |

## **OS** AP01

Appointment of director of an overseas company

| 5   | Director's authority   |                  |   |   |   |  |          |  | _ |
|---|--|------------------|---|---|---|--|----------|--|---|
|   | Please enter the extent of your authority as director. Please tick one box.  |                  |   |   | If you have indicated that the extent                                   |  |          |  |   |
| Extent of authority   | ☐ Limited <b>①</b>   |                  |   |   | of your authority is limited, please provide a brief description of the |  |          |  |   |
|   | ☑ Unlimited  |                  |   | limited authority in the box below.  If you have indicated that you are   |   |  |          |  |   |
| Description of limited                                      |  |                  | jo  | not authorised to act alone but only jointly, please enter the name(s) of |   |  |          |  |   |
| authority, if applicable                                    | Are you authorised to act alone or jointly? Please tick one box.   |                  |   |   | the person(s) with whom you are authorised to act below.                |  |          |  |   |
|   |  |                  |   |   |   |  |          |  |   |
|   | ☐ Jointly <b>9</b>   |                  |   |   |   |  |          |  |   |
| If applicable, name(s)<br>of person(s) with<br>whom you are |  |                  |   |   |   |  |          |  |   |
| acting jointly  |  |                  |   |   |   |  |          |  |   |
| 6   | UK establishments  |                  |   |   |   |  |          |  |   |
|   | 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  | istration number |   |   |   |  |          |  |   |
|   |  |                  |   |   |   |  |          |  |   |
|   |  |                  |   |   | _   |  |          |  |   |
|   |  |                  |   |   | _   |  | <u> </u> |  |   |
| 7   | Cianatura  |                  | <br>  |   |   |  |          |  | _ |
|   | Signature  |                  |   |   |   |  |          |  |   |
| Signature   | Signature Nº Vacque  | 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) <sup></sup>                                  |  |                  | ● Additional former names Use this space to enter any additional names. |   |   |  |          |  |   |
|   |  |                  |   |   |   |  |          |  |   |
|   |  |                  |   |   |   |  |          |  |   |
|   |  |                  |   |   |   |  |          |  |   |

### **OS** AP01

Appointment of director of an overseas company

## **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. Eugene Hayes Midwest Corporate Services Limited Address Suite A2 No.1 Charlotte Quay Post town Limerick County/Region ٧ 9 2 Country Ireland DX 00353879975210 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 included all former names used for business purposes over the last 20 years. ☐ You have completed the nationality box in Section 3.

#### 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 correct date of birth.

usual residential address.

completing this form.

authority in Section 6.

You have signed the form.

☐ 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