Company number (e.g. FC 099999):

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



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Photocopies of this form will not be accepted

Please use upper and/or lower case letters exactly as you intend them to appear in Company name in Black Ink. Please leave a blank box to indicate a space.

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.

(Turn over page for resignation and change of particulars.)

Please mark the appropriate box. If the appointment is as director and secretary mark both boxes.

Post town

Postcode:

Country:

County/region

Com	pany	/ na	ame	e (ii	ı fu	II):																						
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	Appointment (continued)	(
Please complete all remaining boxes on	Date of birth † (DD/MM/YYYY):	
this form legibly, in CAPITAL LETTERS		
and in Black Ink. Please leave a blank box to indicate a	Nationality †:	
space. Use a separate row for		
each address line. Please do not fold this form.	Business occupation †:	
uns joun.		
	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		
(This includes any form of ceasing to hold office e.g. death	Resignation	
or removal from office.)	Date of resignation (DD/MM/YYYY):	
	06092008	
Please mark the appropriate box. If	Resignation etc. as director	
resignation etc. is as director and secretary	Resignation etc. as secretary	•
mark both boxes. * See Note 1	Forenames *:	
	RAYMONDALEXANDERBOYCE	
	Surname:	
	MOLLAN	
	Date of birth † (DD/MM/YYYY):	
	10081943	
	If cessation is other than resignation please state reason (e.g. death):	
† Directors only		

	642(1)(b)	Page	2
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	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)):
		7
	A serving director etc. must also sign the form on page 4	
(This includes any		
(This includes any form of ceasing to hold office e.g. death	Resignation	
or removal from office.)	Date of resignation (DD/MM/YYYY):	
	06092008	
Please mark the	Resignation etc. as director	
appropriate box. If resignation etc. Is as director and secretary	Resignation etc. as secretary	
mark both boxes.	Forenames *:	
* See Note 1	BERYL	
	Surname:	
	STONE	
	Date of birth † (DD/MM/YYYY):	
	01071940	
	If cessation is other than resignation please state reason (e.g. death):	
	in december to early triain realignation please state reason (e.g. death).	
† Directors only		

Complete this section in all cases where	Change of Particulars	(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.	Change of particulars as director Change of particulars as secretary Forenames *:	
* See Note 1 Names previously		
notified to Companies	Surname:	
Registry.		
	Date of birth † (DD/MM/YYYY):	Local Laboratoria
(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		
Addiodo Enio E		
Post town		
County/region		
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS	Postcode:	

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. Country:

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.

To whom should Companies Registry direct any enquiries

about the information on this

Address Line 1

Address Line 2

Post town

County/region

form?

Other change (please specify):

a entra para entra es

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

serving director/secretary etc. must also sign the form below igned: Date (DD/MM/YYYY): Date (DD/MM/YYYY):
ter signing please return the form to: Impanies Registry It Floor, Waterfront Plaza It aganbank Road It aligned to the form to: It aligned to the form to the fore
RIANLAUERY
dress:
3 DARGAN LOAD
ELFAST
O ANTRIM
stcode:

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.

Tel:

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.