



296

## Change of director or secretary or change of particulars

This form should be completed in black

Company Number

Company Name

CN NI057046  
BARCHESTER HEALTHCARE NORTHERN IRELAND  
LIMITED

### Appointment

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

Date of appointment

Appointment of director

DA 1 4 0 8 2 0 0 8

CD ☒

CS ☐

Please mark the appropriate box.

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

### NOTES

Show the 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.

Name \*Style/Title

Forenames

Surname

Mr  
PAT  
NOLAN

DEPARTMENT OF ENTERPRISE  
TRADE AND INVESTMENT

17 SEP 2008

POST RECEIVED  
COMPANIES REGISTRY

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.

Previous forenames

Previous surname

Usual residential address

AD 101 AVOCA PARK

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

Post town

County/Region

BLACKROCIE  
DUBLIN

Country IRELAND

### Other directorships

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 a company which either is, or at all times during the past five years when the person was a director, was

Postcode

Date of birth†

Business occupation†

Other directorships†

DO 0 8 0 3 1 9 6 5 Nationality† NA IRISH

OC COMPANY DIRECTOR  
PAT NOLAN PROPERTY CONSULTANTS LTD

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

Consent Signature

\* Voluntary details

† Directors only

I consent to act as director/secretary of the above named company

Signed

Date

09/09/08

A serving director etc. must also sign the form overleaf.

## Resignation

(This includes any form of ceasing to hold office e.g. death or removal from office).

Date of resignation etc.

Resignation etc. as director

Resignation etc. as secretary

Forenames

Surname

Date of birth (*directors only*)

If cessation is other than resignation, please state reason (*e.g. death*)

## CHANGE OF PARTICULARS

Complete this section in all cases where particulars have changed and then the appropriate section below.

Date of change of particulars

Change of particulars as director

Change of particulars as secretary

Forenames } (*names previously notified to Companies Registry*)  
Surname }

Date of birth (*directors only*)

Change of name  
(*enter new name*)

Forenames

Surname

Change of usual residential address  
(*enter new address*)

Post town

County/Region

Postcode

Other Change

(*please specify*)

|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| DR |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|

|    |  |
|----|--|
| XD |  |
|----|--|

|    |  |
|----|--|
| XS |  |
|----|--|

Please mark the appropriate box.  
If change of particulars etc., is as director and secretary mark both boxes

|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| DO |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|

|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| DC |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|

|    |  |
|----|--|
| ZD |  |
|----|--|

|    |  |
|----|--|
| ZS |  |
|----|--|

Please mark the appropriate box.  
If change of particulars etc., is as director and secretary mark both boxes

|    |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|
| DO |  |  |  |  |  |  |  |
|----|--|--|--|--|--|--|--|

|    |
|----|
| NN |
|----|

|    |
|----|
| AD |
|----|

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

Signature

Signed

Date

12/09/08

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

After signing please return the form to the Registrar of Companies at

Waterfront Plaza, 8 Laganbank Road, Belfast BT1 3BS

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

Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_ Extension \_\_\_\_\_