

## 288a

## **APPOINTMENT of director or secretary**

Please complete in typescript, or in bold black capitals.			ation (use Form 2 culars (use Form				
CHFP010.	Company Number		109608				
Company Name in full		Name in full	PETROFAC FACILITIES MANAGEMENT				
·		GLOW LIMITED					
			Day Month	Year	Day	Month	Year
Appointment form		Date of appointment		2101014 +	Date of Birth	T	955
Notes on completion appear on next	Appointm	ent as director	X as	s secretary	Please mark the a as a director and s		
page.	NAME	* Style / Title	MR	* Ho	nours etc		
		Forename(s)	ROBERT	JOHN			
		Surname	JEWKES				
		Previous			Previous		
		forename(s)		su	rname(s)		
Usual residential address			8 HURST CLOSE, HOOK HENTH				
Post town		Post town	WOKING		Postcode	GU22	obu
County / Region		8URREY		Country	U.K.		
† Nationality			AUSTRAL		Business E7	VGINGE	×
† Other directorships (additional space next page)			PÈTROFAC ENUNEERING LTD				
			I consent to act as ** director / secretary of the above named company				
	Conser	ıt signature	A	2	Date	20.4.	2004
* Voluntary details.			A director, secretary etc must sign the form below.				
† Directors only.  ** Please delete as ap	opropriate	Signed	Klun	Martin	Date	2014	04
(			(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)				
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.			LEUIN MAKTIN, PETROFAC BRIDGE VIEW				
			I NENTH ES PLANADE NEST, PSEKOSEN				
			Tel 0,224247065				
			DX number DX exchange				

When you have completed and signed the form please send it to the Registrar of Companies at: DX 33050 Cardiff

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh



List of other directorships

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in bold black capitals.

Complete in typescript,
Complete in typescr

Please complete in typescript, or in bold black capitals.		Schedule to form 288a	
CHFP010	Company Number		
	Company Name in full		 
	Name		

Company Name		Resignation
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