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 compar

MONDAY



SCT

28/12/2009 COMPANIES HOUSE 875

✓ What this form is for You may use this form to appoint an individual as a director of an overseas company. What this form is NOT for You cannot use the form to appoint a corporate director of an overseas company. To do this, please use form OS APO2 'Appointment of corporate

director of an overseas company'.

For further information, please refer to our guidance at www.companieshouse.gov.uk

| 1  | Overseas company details   |  |  |  |  |
|--|--|--|--|--|--|
| Company number                                 | S F 0 0 1 0 2 2  | → Filling in this form Please complete in typescript or in   |  |  |  |
| Company name in full<br>or alternative name as | Elpida Memory (Europe) Sarl  | bold black capitals.   |  |  |  |
| registered in the UK                           |  | All fields are mandatory unless specified or indicated by *  |  |  |  |
| 2  | Date of director's appointment   |  |  |  |  |
| Date of appointment                            | d2   d7   m1   m1   y2   y0   y0   y9  |  |  |  |  |
| 3  | New director's details   |  |  |  |  |
| Title*   |  | • Former name(s) Please provide any previous names   |  |  |  |
| Full forename(s)                               | Akira  | which have been used for business purposes in the past 20 years.   |  |  |  |
| Surname  | Yabu Married women do not need to g  |  |  |  |  |
| Former name(s) •                               |  | former names unless previously used for business purposes.   |  |  |  |
| Country/State of residence                     | Switzerland  | Continue in Section 8 if required.  © Country/State of residence   |  |  |  |
| Nationality                                    | Japanese   | This is in respect of your usual residential address as stated in Section 4a.                                |  |  |  |
| Date of birth                                  | d 2 d 6 0 0 d 7 1 y 9 y 6 y 4  |  |  |  |  |
| Business occupation<br>(if any) •              | Managing 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 <sup>©</sup>  |  |  |  |  |
|  | Please complete your service address below. You must also complete your usual residential address in Section 4a. | Service address This is the address that will appear on the public record. This does not                     |  |  |  |
| Building name/number                           | Willow House   | have to be your usual residential address.  If you provide your residential                                  |  |  |  |
| Street   | Strathclyde Business Park  |  |  |  |  |
|  |  | address here it will appear on the public record.  |  |  |  |
| Post town                                      | Bellshill  | pas, e reserva   |  |  |  |
| County/Region                                  | Lanarkshire  |  |  |  |  |
| Postcode                                       | M L 4 3 P B  |  |  |  |  |
| ountry   | United Kingdom   |  |  |  |  |

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| 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> ☑ Unlimited  | <del></del> | of your authority is limited, please provide a brief description of the limited authority in the box below.  If you have indicated that you are |  |                                       |                 |                   |                         |  |
| Description of limited  |   |             |   |  | horise<br>please                      | d to a<br>enter | ct alon<br>the na | e but only<br>ime(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. |                                       |                 |                   |                         |  |
|   | <ul><li>✓ Alone</li><li>□ Jointly •</li></ul>   |             |   |  |                                       |                 |                   |                         |  |
| If applicable, name(s)<br>of person(s) with<br>whom you are<br>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 on UK establishment, it may deliver only one form in respect of all those UK establishments, provided it completes the table below. |             |   |  |                                       |                 |                   |                         |  |
|   | UK establishment name   | Regi        | stration number   |  |                                       |                 |                   |                         |  |
|   |   |             |   |  |                                       |                 |                   |                         |  |
|   |   |             |   |  |                                       |                 |                   |                         |  |
|   |   | <br>        |   | _  |                                       |                 | <br>              | <br>                    |  |
| 7   | Signature   | <u> </u>    | <u>'</u>  |  |                                       |                 | <u> </u>          | 1                       |  |
| Signature   | Signature X   | 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) €  |   |             | Additional former names     Use this space to enter any     additional names.   |  |                                       |                 |                   |                         |  |
|   |   |             |   | ,  |                                       |                 |                   |                         |  |

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| Presenter information  | I Important 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.   | Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.   |  |  |  |  |  |
| Contact name Clare Kennedy   | <b>☑</b> Where to send  |  |  |  |  |  |
| Company name MacRoberts LLP  | You may return this form to any Companies House address:  |  |  |  |  |  |
| Address 152 Bath Street  | England and Wales:<br>The Registrar of Companies, Companies House,<br>Crown Way, Cardiff, Wales, CF14 3UZ.<br>DX 33050 Cardiff.   |  |  |  |  |  |
| Post town   Glasgow  | 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).   |  |  |  |  |  |
| DX GW70  [Felephone 0141 332 9988  | Northern Ireland: The Registrar of Companies, Companies House, First Floor, Waterfront Plaza, 8 Laganbank Road, Belfast, Northern Ireland, BT1 3BS. DX 481 N.R. Belfast 1.  |  |  |  |  |  |
| Checklist  We may return forms completed incorrectly or with information missing.  Please make sure you have remembered the following:   | 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.  |  |  |  |  |  |
| ☐ The company name and number as registered in the   | Further information   |  |  |  |  |  |
| 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. You have provided a correct date of birth. You have provided a business occupation if there is one. You have provided both the service address and the usual residential address. 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 completing this form. You have entered the extent of the director's authority in Section 6. You have completed Section 6, if applicable. You have signed the form. | For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk  This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk |  |  |  |  |  |