

Please complete in typescript, or in bold black capitals.

APPOINTMENT of director or secretary (NOT for resignation (use Form 288b) or change

CHFP000		of particulars (use Form 2880))
	Company Number	5206205
Company Name in full		WELL WOMEN CENTRE
Appointment form Notes on completion appear on reverse.	Date of appointment	Day Month Year Please mark the appropriate box. If appointment is an all interest and secretary mark both boxes
	NAME *Style / Title	as a director and secretary mark both boxes. *Honours etc
	Forename(s)	CATHERINE MARGARET
	Surname	EMERY
	Previous Forename(s)	Previous Surname(s) WALTON.
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	^{††} Usual residential address	19 GRANGE LANE, FLOCKTON
	Post town	WAKEFIELD Postcode WF4 4BA
	County / Region	WEST YORKS Country UK
	[†] Nationality	BRITISH †Business occupation CONSULTANT
. (8	†Other directorships additional space overleaf)	I consent to act as ** director / secretary of the above named company
Consent signature		0, m Gmcm Date 23 08.06
Voluntary details.† Directors only.		A director, secretary etc must sign the form below.
**Delete as appropriat	Signed	128mond Date 1718/06
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.		(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)
		Tel
		DX number DX exchange
		When you have completed and signed the form please send it to the

COMPANIES HOUSE M 13/09/2006 Form April 2002

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

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