



Companies House

— for the record —

BR6

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

**Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars**

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

921548818

Branch number

FC007848

BR1365

Company name

ROYAL CARIBBEAN CRUISE LINE A/S

Branch name

(if different to corporate name)

**TERMINATION OF AUTHORITY**

See overleaf for appointments and change of particulars

Date of termination

19 07 99

Position vacated

(Mark appropriate box(es))



Person authorised to accept service on the company's behalf



Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Name

SIMON JONES

Address

41 HALFORD ROAD

RICHMOND

SURREY TW10 6AW

To whom should Companies House direct any enquiries about the information on this form.

ROBIN ADAMS

ROYAL CARIBBEAN CRUISE LINE A/S

ADDLESTON ROAD, WEYBRIDGE SURREY KT15 2UE

Tel. 01932 834265



A28 \*A4ABG163\* 223  
COMPANIES HOUSE 20/07/99

When completed, this form should be delivered to the address on page 4

## APPOINTMENT

**Persons authorised to represent the company or who may accept service or process**

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

\* Delete as appropriate

## SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

# Mark box(es) as appropriate

\* ~~Style~~ / Title MR

Forenames GARY RANDAL

Surname BRUTON

Address ROYAL CARIBBEAN HOUSE  
ADDLESTON ROAD

Post town WEYBRIDGE

County / Region SURREY Postcode KT15 1UE

☒ Is authorised to accept service of process on the company's behalf

\* AND/OR

☒ Is authorised to represent the company in relation to that business

Date of appointment 

1	9	0	7	9	1
---	---	---	---	---	---

The authority to represent the company is :-

Is # ☒ Authorised to accept service of process on the company's behalf

\* AND/OR

Is # ☒ Authorised to represent the company in relation to that business

The extent of the authority to represent the company is :- (give details)

EQUVALENT TO A DIRECTOR ACTING ALONE AS SET

OUT IN THE COMPANY CONSTITUTION

These powers :-

# ☒ May be exercised alone

OR

# ☐ Must be exercised with :-

(Give name(s) of co-authorised person(s))

# CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

## Change of name

Name previously notified to Companies House

New name

## Change of residential address (enter new address)

## Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)

# Mark appropriate box

Signature

\* Delete as applicable

Date of change 1 9 0 7 9 9

☐

Change of particulars of person authorised to accept service

☒

Change of particulars of person authorised to represent the company

Forenames GARY RANDAL

Surname BRUTON

Forenames

Surname

Address X WARRENWOOD COTTAGE

X WARRENERD LANE

Post town NEYBRIDGE

County / Region SURREY

Postcode KT13 0LH

Country

The extent of the authority of the above person to represent the company has been altered to :- [give details]

The powers :-

# ☐

May be exercised alone

OR

# ☐

Must be exercised with : (Give name(s) of co-authorised person(s))

Signed

*[Signature]*

\*(director / Secretary / Permanent represent)  
DIRECTOR

Date

19 - 7 - 99

**When completed, this form should be delivered to :-**

**For branches registered in England and Wales**

**The Registrar of Companies  
Companies House  
Crown Way  
Cardiff  
CF4 3UZ**

**For branches registered in Scotland**

**The Registrar of Companies  
Companies House  
37 Castle Terrace  
Edinburgh  
EH1 2EB**