

COMPANIES HOUSE

0715 19/08/05 05/08/05



BR6

CHWP000

This form should be completed in black.

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

Company number

Company name

Branch name (if different to corporate name)

Return	າ of change	of person	ı authorised	to accept	service or to
repres	ent the bra	nch of an	oversea cor	npany	
or of a	ny change	in their pa	ırticulars		

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

	BR 1571	Branch number	FC 9267
		NK	BAYERISCHE LANDESBAI
<u> </u>		NK 	BAYERISCHE LANDESBAI

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Position vacated (Mark appropriate box(es))

Date of termination

Day Month Year

3 0 0 6 2 0 0 5

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.

Address 3 RIDLANDS GROVE, LIMPSFIELD CHART	,
OXTED, SURREY RH8 0ST	-

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.

(04/02)

BAYERISCHE LANDESBANK

BAVARIA HOUSE, 13/14 APPOLD STREET,

LONDON EC2A 2NB

Tel. 020 7955 5171

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.

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

* 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	orenames ROBERT TINO				
Surname					
Address #	5 JENNINGS CLOSE				
	LONG DITTON				
Post town	SURREY				
County / Re	gion Postcode KT6 5RB				
* AND/ OR	orised to accept service of process on the company's behalf norised to represent the company in relation to that business Day Month Year				
Date of app					
The authori	ty to represent the company is :-				
Is # AND/OPR Is # The extent of	Authorised to accept service of process on the company's behalf Authorised to represent the company in relation to that business of the authority to represent the company is :- (give details)				
	ATED BY THE BOARD OF MANAGEMENT OF				
BAYERISC	HE LANDESBANK, MUNICH				
OR/AN!	May be exercised alone Company Give name(s) of co-authorised person(s)) PH SATTLER				

CHANGE OF PARTICULARS Mark the appropriate box. If change relates to both positions, mark both boxes. Change Name previously notified to Companies House New name Change of residential address #* (enter new address) **Tick this box if the address shown is a service address for	Date of Day Month Year Date of Day Month Year Date of Day Month Year Day Day Month Year Day		
the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	Post town County / Region Postcode Country		
Change of authority to act (this part does not apply to a person authorised to accept service on behalf of the company)	The extent of the authority of the above person to represent the company has been altered to :- [give details] AS DELEGATED BY THE BOARD OF MANAGEMENT OF		
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	The powers:- # May be exercised alone OR PND WAY # Meet be exercised with: (Give name(s) of co-authorised person(s)) ROBERT TINO HEINEMANN SÖNKE PETERSEN		
Signature	Signed		