

Line

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

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

Day

SF 460	1	
Feoodelo	Branch number	BR 675
ANDREW AG		· · · · · · · · · · · · · · · · · · ·
ANDREW LTD		

Month

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Position vacated (Mark appropriate box(es))

Date of termination

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

Year

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	GORDON ROBERT MORRIS	
Address	41 GREENACRES	
	KINGGEAT	
	KY12 ORW	

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.

(10/03)

SANDRA DAVIE	
ANDREN LTD	
THE AVENUE	
LOCHGELLY	Tel 01592 786122

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

^{††} 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 bnef 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(ne
Forenames N	EIL
Surname	HANKLAND
Address #	2 LUMSDAINE DRIVE
	DALGETY BAY
Post town	DUNFERMLINE
County / Region_	FFE Postcode KY11940
* AND/OR	d to accept service of process on the company's behalf
	Day Month
Date of appointm	ent 0 20 3 2 0 0 7
The authority to r	epresent the company is
* AND/OR Is # Auth The extent of the 11/15 PERSON	ionised to accept service of process on the company's behalf ionised to represent the company in relation to that business authority to represent the company is (give details) HAS FULL AUTHORITY TO MANAGE
	AL BUSINESS OF THE BRANCH & DEAR
	HE HAS THE AUTHORITY TO NECOTIATE
ANY OF TH	FINANCIAL CONTRACTS Y DEVELATE E ABOVE POWERS, e exercised alone
# Must b	pe 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 poxes Change of name Name previously notified to Companies House	Day Month Year Date of Change of particulars of person authonsed to accept service Change of particulars of person authonsed to represent the company Forenames Surname Forenames Surname
Change of residential address # (enter new address) †† 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	Address Post town County / Region Postcode
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	The extent of the authority of the above person to represent the company has been altered to [give details]
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)	The powers #
# Mark appropnate box	# Must be exercised with (Give name(s) of co authorised person(s))
Signature	Signed Sanda A Deie / Permanent represent) 1913/07
* Delete as applicable	Date

When completed, this form should be delivered to

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardi f CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB

DX 235 Edinburgh or LP 4 Edinburgh 2