

OS AP05

Appointment by an overseas company of a person
authorised to represent the company as a
permanent representative in respect of a
UK establishment



Companies House

✓ **What this form is for**
You may use this form to appoint
a person authorised to represent
the company in respect of the UK
establishment.

✗ **What this form is NOT for**
You cannot use the form to make
any other appointment.

SATURDAY



A8GW4VXE

A09

26/10/2019

#45

COMPANIES HOUSE

1 Overseas company details

Company number F C 0 1 9 2 7 9

Company name in full
or alternative name as
registered in the UK STICHTING OXFAM INTERNATIONAL

→ Filling in this form

Please complete in typescript or in
bold black capitals.

All fields are mandatory unless
specified or indicated by *

2 UK establishment details

UK establishment
number B R 0 1 3 0 4 5

UK establishment
name in full STICHTING OXFAM INTERNATIONAL

3 Date of appointment of new person authorised

Date of appointment 2 6 1 0 2 0 1 9

4 Details of new person authorised

Title* MR

Full forename(s) JOSE MARIA

Surname VERA VILLACIAN

Former name(s) ①

① Former name(s)

Please provide any previous names
which have been used for business
purposes in the past 20 years.

Married women do not need to give
former names unless previously used
for business purposes.

Continue in Section 8 if required.

5 Service address of new person authorised ②

Please complete the service address below. You must also complete the usual
residential address of the person authorised in Section 5a.

Building name/number OXFAM HOUSE

Street JOHN SMITH DRIVE

Post town OXFORD

County/Region OXON

Postcode O X 4 2 J Y

Country UNITED KINGDOM

② Service address

This is the address that will appear
on the public record. This does not
have to be your usual residential
address.

If you provide your residential
address here it will appear on the
public record.

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Authority of new person authorised

	Please enter the extent of your authority as person authorised. Please tick one box.		<p>❶ If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below.</p> <p>❷ If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below.</p>
Extent of authority	<input type="checkbox"/> Limited ❶ <input checked="" type="checkbox"/> Unlimited		
Description of limited authority, if applicable			
	Are you authorised to act alone or jointly? Please tick one box. <input checked="" type="checkbox"/> Alone <input type="checkbox"/> Jointly ❷		
If applicable, name(s) of person(s) with whom you are acting jointly	 		

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Signature

Signature	Signature X  X	
	This form may be signed and authorised by: Director, Secretary, Permanent representative.	

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Additional former name(s) (continued from Section 4)

Former name(s) ❸		<p>❸ Additional former name(s) Use this space to enter any additional names.</p>