

BR6

CHFP010

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)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Position vacated (Mark appropriate box(es))

Day		Month		Year			
0	1	0	5	2	0	0	9

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 Stuart Haworth	
Address 1 Churchill Place	
London	
E14 5HP	
21 711	

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.

Nicola Marsh, Barclays Corporate Secretariat
Level 29, 1 Churchill Place, London, E14 5HP
Tel: 0207 116 8700
Tel. <u>930 - 220 0.00</u>

FRIDAY



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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 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
Forenames
Surname
Address ††
Post town/
County/Region Postcodé
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 Day Month Year
Date of appointment
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)
<u> </u>
/
These powers:-
May be exercised alone
OR /
Must be exercised with:- (Give name(s) of co-authorised person(s))
/



CHANGE OF						
PARTICULARS		Day Month Year				
	Date of change	Day Month Year				
Mark the appropriate box. If change relates to both positions,	Change of pa	articulars of person authorised to accept service				
mark both boxes. Change of	Change of particulars of person authorised to represent the company					
name						
Name previously notified to ◀	Forenames	/				
Companies House	Surname					
Г	Forenames					
New name ◀	Surname					
Change of residential	Address					
address †† (enter new address)						
†† Tick this box if the address shown is a	Post town					
service address for the beneficiary of a Confidentiality Order	County/Region	Postcode				
granted under the provisions of section	Country					
723B of the Companies Act 1985	The extent of the aut	thority of the above person to represent the company has been altered				
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	The nowers:					
any change in the authority of the officer to	The powers:-					
represent the company, including any alteration to	# May be exercised alone					
the manner in which the	OR					
existing or new powers may be exercised (e.g.	# Must be exercised with:- (Give name(s) of co-authorised person(s))					
requiring them to be	Wilds be excluded with: (ene hamble) of de damaged parameter,					
exercised with other persons)	/					
# Mark appropriate box	<u>, </u>					
# Mark appropriate box						
Signature		For and on behalf of				
	M	Barcosec Limited				
* Delete as applicable	Signed					
		* (Director / Scerotory / Permanent representitive)				
	Date 65	06/09				

