In accordance with Regulation 13(1) of the Overseas Companies Regulations 2009.

# **OS** TN01



Companies House

# Transitional return by a UK establishment of an overseas company

- What this form is for
  You may use this form to register
  a UK establishment where you
  have previously registered a place
  of business.
- What this form is NOT You cannot use this form the details of an existing officer or establishment



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A12 23/04/2024
COMPANIES HOUSE

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# Part 1 Overseas company details

AT	Corporate company name	
Overseas company number •	F C 0 2 7 8 3 1	→ Filling in this form Please complete in typescript or in
Overseas company name registered in the UK ②	Britvic Finance Limited	bold black capitals.  All fields are mandatory unless specified or indicated by *
UK establishment number <b>⊕</b>	B R 0 1 3 6 0 8	This is the registered number of the company in the UK.
		This is the corporate name or alternative name registered in the UK.
		This is the registered establishment number in the UK.
A2	Particulars previously delivered	
	Have particulars about this company been previously delivered in respect of another UK establishment?    → No. Go to Section A3.  → Yes. Please enter the registration number below and then go to Part 3 of the form. Please note the original UK establishment particulars must be filed up to date.	The particulars are: legal form, identity of register, number in registration, director and secretaries details, whether the company is a credit or financial institution, law, governing law, accounting requirements, objects, share capital and accounts.
UK establishment number	B R	
A3	Credit or financial institution	
	Is the company a credit or financial institution?	_
	Please tick one box.	
	Yes	
	☑ No	
		. <u>.                                     </u>

A4	Company details	
	If the company is registered in its country of incorporation, please enter the details below.	This includes whether the company is a private or public company or
Legal form •	Private Limited Company	whether or not the company is limited.
Country of incorporation *	Jersey, Channel Islands	This will be the registry where the company is registered in its parent
Identity of register in which it is registered ②	Jersey Financial Services Commission	country.
Registration number in that register	98488	
A5	EEA or non-EEA member state	
	Was the company formed outside the EEA?	
	→ Yes. Complete Sections A6 and A7.	
	→ No. Go to Section A7.	
A6	Governing law and accounting requirements	
	Please give the law under which the company is incorporated.	This means the relevant rules or
Governing law €	Companies Jersey Law 1991	legislation which regulates the incorporation of companies in that state.
	Is the company required to prepare, audit and disclose accounting documents under parent law?  → Yes. Complete the details below.	
	→ No. Go to Part 2.	
	Please give the period for which the company is required to prepare accounts by parent law.	
From	<sup>d</sup> 0	
То	<sup>d</sup> 3 <sup>d</sup> 0 <sup>m</sup> 0 <sup>m</sup> 9	
	Please give the period allowed for the preparation and disclosure of accounts for the above accounting period.	
Months	1 2	
A7 .	Latest disclosed accounts	
_	Are copies of the latest disclosed accounts being sent with this form? Please note if accounts have been disclosed, a copy must be sent with the form, and, if applicable, with a certified translation.   Yes	Please tick the appropriate box(es).
	Please indicate what documents have been disclosed.	
	Please tick this box if you have enclosed a copy of the accounts.	
	Please tick this box if you have enclosed a certified translation of the accounts.	
	Please tick this box if no accounts have been disclosed.	1
	Please tick this box if accounts have been filed for another UK establishment. Please give the registration number below and go to Part 3.	
UK establishment number	B R	

Part 2	Principal place of business	
B1		
	Please give the address of the principal place of business or registered office in the country of incorporation.	This address will appear on the public record.
Building name/number	13	Please give a brief description of the company's business.
Street	Castle Street	Please specify the amount of shares issued and the value.
Post town	St Helier	
County/Region		
Post code	J E 2 3 B T	
Country	Jersey Please give the objects of the company and the amount of issued share capital.	
Objects of the company <b>②</b>	To act as an intermediate holding and financing company	
Amount of issued share capital	169,472,800 Ordinary Shares of no par value	

Part 3	UK establishment details	
C1	Documents previously delivered – accounting documents	
	Has the company previously delivered a copy of the company's accounting documents with material delivered in respect of another UK establishment?	
	Please tick the appropriate box.	
	✓ No. Go to Section C2.	
	Yes. Please enter the UK establishment number below and then go to Section C2.	
UK establishment number	B R	
C2	Delivery of accounts and reports	
	Please state if the company intends to comply with accounting requirements with respect of this establishment or in respect of another UK establishment.	
	Please tick the appropriate box.	
	In respect of this establishment. Please go to <b>Section C3</b> .	
	In respect of another UK establishment. Please give the registration number below and then go to <b>Section C3</b> .	
UK establishment number	B R	
C3	Particulars of UK establishment •	
	Please enter the name and address of the UK establishment.	• Address
Name of establishment	Britvic Finance Limited	This is the address that will appear on the public record.
Building name/number	Breakspear Park	
Street	Breakspear Way	
Post town	Hemel Hempstead	
County/Region	Hertfordshire	
Post code	HP24TZ	
Country	England, United Kingdom	
Business carried on at the UK establishment	To act as an intermediate holding and financing company	
1	ı	

Please enter the name and address of every person authorised to represent the company as a permanent representative of the company in respect of the UK establishment.  Permanent representative's details  Please use this section to list all the permanent representatives of the company. Please use a continuation page if you need to enter more details.  Mollie  Surname  Stoker  D2  Permanent representative's service address ©  Building name/number  Breakspear Park  Street  Breakspear Way  Breakspear Way  Post town  Hemel Hempstead  Country/Region  Hertfordshire  Post code  H P 4 2 T Z  Country  UK  D3  Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Are you authorised to act alone or jointly? Please tick one box.  If applicable, name(s) of person(s) with whom you are authority or are personal authority or authority of the person(s) with whom you are authority or are personal authority of the person(s) with whom you are authority or are personal authority or authority of the person(s) with whom you are authority or are personal authority or au	Part 4	Permanent representative	
Please use this section to list all the permanent representatives of the company, Please complete Sections D1-D4.  Mollie  Stoker  D2 Permanent representative's service address ●  Building name/number Breakspear Park  Street Breakspear Way  Post town Hemel Hempstead  Country/Region Hertfordshire  Post code H P P 4 2 T Z  Country UK  D3 Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Limited ● Unlimited authority if applicable Are you authorised to act alone or jointly? Please tick one box.  Are you authorised to act alone or jointly? Please tick one box.  If applicable, name(s) of person(s) with whom you are  In Continuation pages Please use a continuation page if you need to enter more details.  Continuation pages Please use a continuation page if you need to enter more details.  Continuation page if you need to enter more details.  Stoker  D Service address  This is the address This is the address that will appear on the public record. This does not have to be your usual residential address here it will appear on the public record.  If you provide your residential address here it will appear on the public record.  Oif you have indicated that the extent of your authority in the box below.  Oif 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 alone but only jointly, please enter the name(s) of the person(s) with whom you are		Please enter the name and address of every person authorised to represent the company as a permanent representative of the company in respect of the	
Please use a continuation page if you need to enter more details.    Full forename(s)   Mollie	D1	Permanent representative's details	
Stoker    D2   Permanent representative's service address			Please use a continuation page if
Building name/number Breakspear Park Street Breakspear Way Breaksp	Full forename(s)	Mollie	you need to enter more details.
Building name/number   Breakspear Park	Surname	Stoker	
Breakspear Way  Post town  Hemel Hempstead  County/Region  Hertfordshire  Post code  H P 4 2 T Z  Country  UK  D3  Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  In it is the address that will appear on the public record. If you provide your residential address.  If you provide your residential address.  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.  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 alone or jointly? Please tick one box.	D2	Permanent representative's service address •	
Breakspear Way  Post town  Hemel Hempstead  County/Region  Hertfordshire  Post code  H P 4 2 T Z  Country  UK  D3  Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Limited P  Unlimited  Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Are you authorised to act alone or jointly? Please tick one box.  If applicable, name(s) of person(s) with whom you are  In applicable, name(s) of person(s) with whom you are  On the public record. This does not have to be your suid residential address. If you provide your residential address here it will appear on the public record.  If applicable, name(s) of person(s) with whom you are  On the public record. This does not have to be your selection and power in the public record.  If applicable, name(s) of person(s) with whom you are  On the public record. This does not have to be your selection and public record.  If applicable, name(s) of person(s) with whom you are  On the public record.  If you provide your residential address here it will appear on the public record.  If you have indicated that the extent of your authority is the box below.  Of you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below.  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	Building name/number	Breakspear Park	1
County/Region Hertfordshire  Post code H P A D T Z  Country UK  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority Limited Description of limited authority, if applicable Are you authorised to act alone or jointly? Please tick one box.  If applicable, name(s) of person(s) with whom you are  address here it will appear on the public record.  address here it will appear on the public record.  Please tix will appear on the public record.  Of 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.  Of 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.  Of your authority in the box below.  Of you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below.  Of 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.  Of your authority is limited, please provide a brief description of the limited authority in the box below.  Of 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.	Street	Breakspear Way	on the public record. This does not have to be your usual residential
Country  D3  Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Description of limited authority, if applicable authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  If applicable, name(s) of person(s) with whom you are  If applicable, name(s) of person(s) with whom you are  Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please enter the extent of your authority is limited, please provide a brief description of the limited authority in the box below.  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.  If applicable, name(s) of person(s) with whom you are	Post town	Hemel Hempstead	
Country    D3	County/Region	Hertfordshire	
Permanent representative's authority  Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Limited  Unlimited  Unlimited  Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Are you authorised to act alone or jointly? Please tick one box.  Alone  Jointly  Alone  Jointly  Please enter the name(s) of the limited authority in the box below.  Are you authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below.  If applicable, name(s) of person(s) with whom you are	Post code	HP42TZ	
Please enter the extent of your authority as permanent representative. Please tick one box.  Extent of authority  Limited Unlimited  Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Alone Jointly Jointly Jointly Jointly Please tick one box.	Country	UK	
Please tick one box.  Extent of authority  Limited Unlimited  Unlimited  Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Alone  Jointly If applicable, name(s) of person(s) with whom you are	D3	Permanent representative's authority	
Extent of authority    Limited   Lim			of your authority is limited, please
Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Alone  Jointly   If applicable, name(s) of person(s) with whom you are authorised to act alone or jointly? Please tick one box.	Extent of authority	☐ Limited <b>②</b>	
Description of limited authority, if applicable  Are you authorised to act alone or jointly? Please tick one box.  Alone  Jointly   If applicable, name(s) of person(s) with whom you are authorised to act below.		☑ Unlimited	
If applicable, name(s) of person(s) with whom you are	Description of limited authority, if applicable		jointly, please enter the name(s) of the person(s) with whom you are
☐ Jointly <b>⑤</b> If applicable, name(s) of person(s) with whom you are		Are you authorised to act alone or jointly? Please tick one box.	
If applicable, name(s) of person(s) with whom you are		☑ Alone	·
of person(s) with whom you are		☐ Jointly •	
whom you are			
acting jointly			
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# **OS** TN01

Full forename(s)  Surname  Service address of person authorised to accept service  Building name/number  Street  Post town  County/Region  Postcode  Country  If necessary.  If necessary.  Service address This is the address that will a on the public record. This doe have to be your usual resider address. Please note a DX ad would not be acceptable.	Part 5	Person authorised to accept service	
authorised below.  → No. Tick the box below and then go to Part 6 'Signature'  If there is no such person, please tick this box.   Details of person authorised to accept service of documents in the UK  Please use this section to list all the persons' authorised to accept service below. Please complete Sections E1-E2.  Full forename(s)  Surname  Street  Service address of person authorised to accept service   Building name/number  Street  OService address This is the address that will and the public record This do have to be your usual reside address. Please note a DX adwould not be acceptable.  Post town  Country/Region  Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature			
Details of person authorised to accept service of documents in the UK    Please use this section to list all the persons' authorised to accept service below.   Please complete Sections E1-E2.			
Details of person authorised to accept service of documents in the UK  Please use this section to list all the persons' authorised to accept service below. Please use a continuation pages Please use a continuation pair necessary.  Surname  E2 Service address of person authorised to accept service  Building name/number  Street  Post town  County/Region  Postcode  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature  Signature  Signature  J M M J A M J		→ No. Tick the box below and then go to Part 6 'Signature'	
in the UK    Please use this section to list all the persons' authorised to accept service below. Please complete Sections E1-E2.   Full forename(s)   Surname		If there is no such person, please tick this box.	
Please use a continuation pair finecessary.  Full forename(s)  Surname  E2  Service address of person authorised to accept service  Building name/number  Street  Post town  County/Region  Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature  Please use a continuation pair finecessary.  Please use a continuation pair finecessary.  Please use a continuation pair finecessary.  Service address  This is the address that will a on the public record. This doe have to be your usual reside address. Please note a DX ad would not be acceptable.  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.	E1		1
Full forename(s)  Surname  Service address of person authorised to accept service  Building name/number  Street  Post town  County/Region  Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature  Signature			Please use a continuation page
Service address of person authorised to accept service  Building name/number  Street  Post town  Country/Region  Postcode  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature  Signature  Signature  Signature  Signature  Signature  Signature  Signature	Full forename(s)		
Building name/number  Street  Post town  County/Region  Postcode  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Surname		
Street  Post town  County/Region  Postcode  Country  Part 6  Signature  This is the address that will a on the public record. This doe have to be your usual resider address. Please note a DX ad would not be acceptable.  This must be address that will a on the public record. This doe have to be your usual resider address. Please note a DX ad would not be acceptable.  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.	E2	Service address of person authorised to accept service •	
on the public record. This doe have to be your usual resider address. Please note a DX ad would not be acceptable.  County/Region  Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Building name/number		<b>●</b> Service address
Post town  County/Region  Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Street		This is the address that will appear on the public record. This does not have to be your usual residential address. Please note a DX address
Postcode  Country  Part 6  Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Post town		
Part 6 Signature  This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	County/Region		
This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Postcode		
This must be completed by all companies.  I am signing this form on behalf of the company.  Signature	Country		
I am signing this form on behalf of the company.  Signature	Part 6	Signature	
Signature Signature		This must be completed by all companies.	
originature 1. Al Al Cal		I am signing this form on behalf of the company.	
	Signature	11 10 200	
This form may be signed by: Directors, Secretary, Permanent representative.			

# **OS** TN01

Transitional return by a UK establishment of an overseas company

# Presenter information You do not have to give any contact information, but if you do it will help Companies House if there is a query on the form. The contact information you give will be visible to searchers of the public record. Contact name Company Secretariat Company name Britvic plc Address Breakspear Park, Breakspear Way Post town Hemel Hempstead County/Region Hertfordshire Postcode H P 4 2 T Z Country England DX Telephone Checklist

We may return forms completed incorrectly or with information missing.

# Please make sure you have remembered the following:

- ☐ The overseas corporate name on the form matches the registered name.
- ☐ You have included a copy of the latest disclosed accounts and certified translations, if appropriate.
- You have completed all of the company details in Section A4 if the company has not registered an existing establishment.
- You have completed the officer details in Part 4.
   Any addresses given must be a physical location.
   They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- You have signed the form.

# Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses.

# ■ Where to send

You may return this form to any Companies House address:

## **England and Wales:**

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

## Scotland:

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

## Northern Ireland:

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

## **Higher protection**

If you are applying for, or have been granted, higher protection, please post this whole form to the different postal address below:

The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.

# **Tenal Proof** Further information

For further information, please see the guidance notes on the website at www.companieshouse.gov.uk or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.companieshouse.gov.uk