



00134601

296

Change of director or secretary or change of particulars

This form should be completed in black

Company Number

Company Name

CN

N1 57046

BARCHESTER HEALTHCARE (NORTHERN IRELAND) LIMITED

Appointment

(Turn over page for resignation and change of particulars).

Date of appointment

Appointment of director

NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a Corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

Other directorships

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years, exclude a company which either is, or at all times during the past five years when the person was a director, was

- dormant
- a parent company which wholly owned the company making the return
- a wholly owned subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company

Consent Signature

* Voluntary details

† Directors only

DA

03112005

CD



CS



Please mark the appropriate box.

If the appointment is as director and secretary mark both boxes.

Name *Style/Title

Forenames

Surname

Previous forenames

Previous surname

Usual residential address

Post town

County/Region

Postcode

Date of birth†

Business occupation†

Other directorships†

AD

2 KNAPTON LANE

MONKSTOWN

DUN LAOGHAIRE

CO. DUBLIN

N/A

Country

IRELAND

DO

25101948

Nationality†

NA

IRISH

OC

COMPANY EXECUTIVE

SEE ATTACHED LIST

I consent to act as director/secretary of the above named company

Signed

Owen M. Gartoll

Date

3/11/05

A serving director etc. must also sign the form overleaf.

Resignation

(This includes any form of ceasing to hold office e.g. death or removal from office).

Date of resignation etc.

Resignation etc as director

Resignation etc as secretary

Forenames

Surname

Date of Birth (directors only)

If cessation is other than resignation, please state reason (eg death)

DR	0	3	11	2	0	0	5
XD	<input checked="" type="checkbox"/>						
XS	<input type="checkbox"/>						
Please mark the appropriate box. If change of particulars etc, is as director And secretary mark both boxes.							
CS DIRECTOR SERVICES LTD							
DO							

CHANGE OF PARTICULARS

Complete this section in all cases where particulars have changed and then the appropriate section below.

Date of change of particulars

Change of particulars as director

Change of particulars as secretary

Forenames

Surname

(names previously
Notified to Companies
Registry)

Date of Birth (Directors only)

Change of name

(enter new name)

Forenames

Surname

Change of usual residential
address (enter new address)

Post town

County/Region

Postcode

Other change

(please specify)

DC							
ZD	<input type="checkbox"/>						
ZS	<input type="checkbox"/>						
Please mark the appropriate box. If change of particulars etc, is as director And secretary mark both boxes.							
DO							
NN							
AD							
Country							

A serving director / secretary must also sign the form below.

Signature

Signed

D. McElpath

Date

3/ 11 / 2005

C S DIRECTOR SERVICES LTD

(by a serving director / secretary / administrator / administrative receiver). (Delete as appropriate)

Please return to :

The Company Shop

79 Chichester Street

BELFAST BT1 4JE

THE COMPANY SHOP

79 CHICHESTER STREET

BELFAST

Postcode

BT1 4JE

Telephone: 028 9055 9955

Extension