In accordance with Sections 167 & 167D of the Companies Act 2006.

## AP01

### Appointment of director





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✓ What this form is for You may use this form to appoint an individual as a director. You cannot use the form to a corporate director. To do please use form APO2 'Ap of corporate director'.



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COMPANIES HOUSE

#188

| 1                             | Company details                                                                                                          |                                                                                                                       |  |  |  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|--|--|--|
| Company number                | 02231737                                                                                                                 | Filling in this form Please complete in typescript or in                                                              |  |  |  |
| Company name in full          | PRIVATETOWN PROPERTY                                                                                                     | bold black capitals.                                                                                                  |  |  |  |
|                               | MANAGEMENT LIMITED                                                                                                       | All fields are mandatory unless specified or indicated by *                                                           |  |  |  |
| 2                             | Date of director's appointment                                                                                           |                                                                                                                       |  |  |  |
| Date of appointment           | 1 0 m 4 y 2 y 0 y 1 y 7                                                                                                  |                                                                                                                       |  |  |  |
| 3                             | New director's details                                                                                                   | • Former name(s)                                                                                                      |  |  |  |
| ritle*                        | MS                                                                                                                       | Please provide any previous names<br>(including maiden or married name                                                |  |  |  |
| full forename(s)              | JANE STEPHANIE                                                                                                           | which have been used for business purposes in the last 20 years.                                                      |  |  |  |
| iurname                       | SHAW                                                                                                                     | Continue in section 7 if required.                                                                                    |  |  |  |
| ormer name(s) •               | TAYLOB                                                                                                                   | Country/State of residence This is in respect of your usual                                                           |  |  |  |
| Country/State of esidence     | UNITED KINGDOM                                                                                                           | residential address as stated in section 4a.                                                                          |  |  |  |
| Nationality                   | BAITISH                                                                                                                  | Month and year of birth Please provide month and year onl                                                             |  |  |  |
| Month/year of birth®          | X X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                  | Provide full date of birth in section 3a.                                                                             |  |  |  |
| Business occupation if any) • |                                                                                                                          | Business occupation<br>If you have a business occupation,<br>please enter here. If you do not,<br>please leave blank. |  |  |  |
| 1                             | New director's service address ®                                                                                         |                                                                                                                       |  |  |  |
|                               | Please complete your service address below. You must also complete your usual residential address in <b>Section 4a</b> . | Service address This is the address that will appear                                                                  |  |  |  |
| uilding name/number           | 4 BRAMERTON LODGE                                                                                                        | on the public record. This does not have to be your usual residential address.                                        |  |  |  |
| treet                         | EASTHILL LANE                                                                                                            | Please state 'The Company's Registered Office' if your service                                                        |  |  |  |
| ost town                      | NORWICH                                                                                                                  | address is recorded in the company's register of directors as the                                                     |  |  |  |
| ounty/Region                  | MARCOLV                                                                                                                  | company's registered office.                                                                                          |  |  |  |
| ostcode                       | NRILL FEQ                                                                                                                | If you provide your residential address here it will appear on the                                                    |  |  |  |

# APO1 Appointment of director

| 5                                     | Consent to act as director                                                                                                                                                                                                          |                                                                                                                                                                                      |  |  |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                       | Please tick the box to confirm consent.                                                                                                                                                                                             |                                                                                                                                                                                      |  |  |
| · · · · · · · · · · · · · · · · · · · | The company confirms that the person named in section 3 has consented                                                                                                                                                               |                                                                                                                                                                                      |  |  |
|                                       | to act as a director of the company named in section 1.                                                                                                                                                                             |                                                                                                                                                                                      |  |  |
| 6                                     | Signature                                                                                                                                                                                                                           |                                                                                                                                                                                      |  |  |
|                                       | I am signing this form on behalf of the company.                                                                                                                                                                                    | • Societas Europaea                                                                                                                                                                  |  |  |
| Signature                             | Signature X                                                                                                                                                                                                                         | If the form is being filed on behalf<br>of a Societas Europaea (SE) please<br>delete 'director' and insert details<br>of which organ of the SE the person<br>signing has membership. |  |  |
|                                       | This form may be signed and authorised by: Director • , Secretary, Person authorised • , Administrator, Administrative Receiver, Receiver, Receiver manager, Charity commission receiver and manager, CIC manager, Judicial factor. | Person authorised Under either section 270 or 274 of the Companies Act 2006.                                                                                                         |  |  |
| 7                                     | Additional former names (continued from Section 3)                                                                                                                                                                                  |                                                                                                                                                                                      |  |  |
| Former names 9                        |                                                                                                                                                                                                                                     | Additional former names                                                                                                                                                              |  |  |
|                                       |                                                                                                                                                                                                                                     | Use this space to enter any additional names.                                                                                                                                        |  |  |
|                                       |                                                                                                                                                                                                                                     | additional names.                                                                                                                                                                    |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
| •                                     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
| •                                     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     | <u> </u>                                                                                                                                                                             |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
| ₹                                     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     | •                                                                                                                                                                                    |  |  |
| ,                                     |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |
|                                       |                                                                                                                                                                                                                                     |                                                                                                                                                                                      |  |  |

#### 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.

| Company name  Address  Post town  County/Region  Postcode  Country  DX  Telephone | Contact name  | `.  |           | ٠. | ٠.  | ,    | • | • |               |
|-----------------------------------------------------------------------------------|---------------|-----|-----------|----|-----|------|---|---|---------------|
| Post town  County/Region  Postcode  Country  DX                                   | Company name  |     | · · · · · |    |     | ·    |   |   | <del></del> , |
| Post town  County/Region  Postcode  Country  DX                                   |               |     | :         |    |     |      | , |   |               |
| County/Region  Postcode  Country  DX                                              | Address       |     |           |    | .•  | ,    |   |   | <u> </u>      |
| County/Region  Postcode  Country                                                  |               | • • |           |    |     |      |   |   | <del></del> . |
| County/Region  Postcode  Country  DX                                              |               |     | , ,       | -  |     |      |   |   |               |
| Postcode Country DX                                                               | Post town     | ,   |           | ,  | •   |      |   |   | • ;           |
| Country                                                                           | County/Region | • . |           |    |     |      |   |   | •             |
| DX                                                                                | Postcode      |     |           |    |     |      | · |   |               |
|                                                                                   | Country       |     |           | •  |     |      |   |   |               |
| Telephone                                                                         | DX            | ٠.  |           |    | ·   | ···· |   |   |               |
|                                                                                   | Telephone     |     |           |    | · . |      |   |   |               |

#### ✓ Checklist

We may return forms completed incorrectly or with information missing.

Please make sure you have remembered the following:

- ☐ The company name and number match the information held on the public Register.
- ☐ You have completed the date of appointment.
- You have included all former names used for business purposes over the last 20 years.
- ☐ You have completed the nationality box.
- ☐ You have provided the month and year of birth in section 3.
- ☐ You have provided a business occupation if you have one.
- ☐ You have provided your full date of birth in section 3a.
- You have provided both the service address and the usual residential address.
- ☐ Addresses 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 enclosed a relevant section 243
   application if applying for this at the same time as completing this form.
- ☐ You have ticked the consent to act statement.
- ☐ 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 and day of birth.

#### Where to send

You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:

For companies registered in England and Wales: The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

For companies registered in 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).

For companies registered in 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.

#### Section 243 exemption

If you are applying for, or have been granted a section 243 exemption, please post this whole form to the different postal address below:

The Posittan of Companies RO Boy 4083

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

#### Further information

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

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