Return by a Part XXIII company subject to branch registration of change of directors or secretary or of their particulars



(Pursuant to Schedule 20A, paragraph 7(1) of the Companies will not be accepted

	(Northern Ireland) Order 1986.)	
	Company number (e.g. FC 099999):	
	F C 0 0 1 4 4 0	
	Branch number:	
Please use upper and/or lower case	Company name (in full):	
letters exactly as you intend them to appear in Company name in	AVISRENT A CAR L	I M I T E D
Black Ink. Please leave a blank		
box to indicate a space.		
оршоо.		
Please complete all remaining boxes on this form legibly, in	Branch Name (if different):	
CAPITAL LETTERS and in Black Ink.		
Please leave a blank box to indicate a		
space. Use a separate row for		
each address line. Please do not fold		
this form.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Turn over page for resignation and change of	Appointment	
particulars.)	Date of appointment (DD/MM/YYYY):	
	<u> </u>	DEPARTMENT OF ENTERPRISE
Please mark the	Appointment of director	TRADE AND INVESTMENT
appropriate box. If the appointment is as director and secretary	Appointment of secretary	1 3 SEP 2807
mark both boxes.	Title:	POST RECEIVED
		COMPANIES REGISTRY
* See Note 1	Forenames *:	
	Surname:	
* See Note 1	Previous name *:	
442 11868 1	- I - I - I - I - I - I - I - I - I - I	

-	Appointment (continued)	Page 2
•	Usual residential address:	
Address Line 1	Guar residential address.	
Address Line 2		\prod
Post town		$\overline{\Box}$
County/region		
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.	Postcode: Date of birth † (DD/MM/YYYY): Nationality †: Business occupation †:	
		\Box
	Other directorships †:	
	Yes No	
‡ See Note 2	Other directorships detail ‡:	
± See Note 3 The extent of the	Scope of authority ± :	
authority to represent the company is (give		
details)		
	These powers:	
Mark as applicable	May be exercised acting alone, or Must be exercised with: (give names of co-authorised person(s))	
† Directors only	Consent signature I consent to act as director/secretary of the above named company Signed: Date (DD/MM/YYYY):	

A serving director etc. must also sign the form on page ?? - no signature space??

(This includes any form of ceasing to	Resignation	BR4 Page 3
hold office e.g. death or removal from office.)	Date of resignation (DD/MM/YYYY):	
Please mark the		
appropriate box. If resignation etc. is as	Resignation etc. as director Resignation etc. as secretary	
director and secretary mark both boxes.	Forenames *:	
* See Note 1		\top
Please complete all remaining boxes on this form legibly, in	M A R K A L E X A N D E R	
CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a	T H O M P S O N	
space. Use a separate row for	Date of birth † (DD/MM/YYYY):	
each address line. Please do not fold this form.	2 4 0 1 1 9 5 6	
Complete this section in all cases where	Change of Particulars	
particulars have changed and then the appropriate section	Date of change of particulars (DD/MM/YYYY):	
below, i.e. Change of name.		
Please mark the appropriate box. If	Change of particulars as director	
change of particulars etc. is as director and	Change of particulars as secretary	
secretary mark both boxes. * See Note 1	Forenames *:	
Names previously notified to		
Companies Registry.	Surname:	
	Date of birth † (DD/MM/YYYY):	
(enter new name).	Change of name:	
* See Note 1	Forenames *:	
	Surname:	

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	Change of Particulars <i>(continued)</i>	4 Page 4
(enter new address).	Change of usual residential address:	
Address Line 1		
Address Line 2		
Post town		
County/region		
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold	Postcode: Country: Nationality:	
this form.		
+ See note 4 The extent of the	Change to authority to act + (if applicable):	
authority of the above person to		
represent the company has been altered to (give		
details)	These powers:	
Mark as applicable	May be exercised acting alone, or Must be exercised with: (give names of co-authorised person(s))	
		<u> </u>
** See note on page 5 To whom should Companies Registry	This return is delivered in respect of all the branches listed on page 5 ** Contact name:	
direct any enquiries about the	P H I L I P H O R N E R	
information on this form?	Address:	
Address Line 1	A V I S E U R O P E P L C A V I S H O U S E	
Address Line 2	PARK ROAD	
Post town	BRACKNELL	
County/region	B E R K S H I R E	
1	Postcode: R G 1 2 2 E W Tel: 0 1 3 4 4 4 2 6 6 4 4	

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Use a separate row for each Registration number. Please do not fold this form.

Counter signature

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

Date (DD/MM/YYYY):

10092007

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

After signing please return the form to Companies Registry at: 1st Floor, Waterfront Plaza 8 Laganbank Road Belfast BT1 3LX

This return must be delivered to the Registrar within 21 days of the notice being received in Northern Ireland in due course of post (if dispatched with due diligence).

Registration number	Branch name

Note **

A return must be delivered in respect of any alteration to the company particulars by each branch of a Part XXIII company. If, however, a company has more than one branch in Northern Ireland, it may deliver only one form in respect of all those branches, provided it completes the table above on this page.

Notes

 Show all 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.
- 2. Give the name of every company incorporated in Northern Ireland 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 5 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 same parent company.
- 3. 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).
- 4. Give brief particulars of any change in the authority of a director to represent the company, including any alteration to the manner in which existing or new powers may be exercised (e.g. requiring them to be exercised with other persons).