AP01

Appointment of director





Go online to file this information www.gov.uk/companieshouse

What this form is for You may use this form to appoint an individual as a director.

What this form is NOT for You cannot use the form to appoin a corporate director. To do this, please use form APO2 'Appointmer of corporate director'.



A15 27/07/2017 **COMPANIES HOUSE**

1	Company details	
Company number	0 2 4 0 0 4 3 9	
Company name in full	QUATTRO PLANT LIMITED	
2	Date of director's appointment	

→ Filling in this form Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by *

Date of appointment	$\begin{bmatrix} d & 0 & \end{bmatrix} \begin{bmatrix} d & 3 & \end{bmatrix} \begin{bmatrix} m & 0 & \end{bmatrix} \begin{bmatrix} m & 7 & \end{bmatrix} \begin{bmatrix} y & 2 & y & 0 & y & 1 & y & 7 \end{bmatrix}$	
3	New director's details	[
Title*	MR	
Full forename(s)	DAVID MICHAEL	
Surname	MCLOUGHLIN	
Former name(s) •		
Country/State of residence •	ENGLAND	
Nationality	BRITISH	
Month/year of birth [€]	X X	
Business occupation (if any) •	CONSULTANT	

• Former name(s)

Please provide any previous names (including maiden or married names) which have been used for business purposes in the last 20 years.

Continue in section 7 if required.

- **②** Country/State of residence This is in respect of your usual residential address as stated in section 4a.
- Month and year of birth Please provide month and year only. Provide full date of birth in section 3a.
- Business occupation If you have a business occupation, please enter here. If you do not, please leave blank.

4	New director's service address 9			
	Please complete your service address below. You must also complete your usual residential address in Section 4a .	Service address This is the address tha on the public record. T have to be your usual		
Building name/number	2			
Street	CHERRY TREE CLOSE	address. Please state 'The Com Registered Office' if yo address is recorded in register of directors as company's registered If you provide your res address here it will ap public record.		
Post town	BRANDESBURTON			
County/Region	DRIFFIELD NORTH HUMBERSIDE			
Postcode	Y O 2 5 8 R E			
Country		, , , , ,		

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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.	
	I
Signature	
I am signing this form on behalf of the company. Signature X	● Societas Europaea If the form is being filed on behalf of a Societas Europaea (SE) please delete 'director' and insert details of which organ of the SE the person signing has membership.
This form may be signed and authorised by: Director •, Secretary, Person authorised •, Administrator, Administrative 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.
Additional former names (continued from Section 3)	
	Additional former names Use this space to enter any additional names.
-	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.