## **COMPANY FORMATION INSTRUCTION FORM**

Please complete all sections.

| COMPANY TYPE                 |  |  |  |  |
|------------------------------|--|--|--|--|
|                              | Same Day Service* (please also state the company type)   |  |  |  |
| Company Type                 | Private Limited Company  |  |  |  |
|                              | Limited Liability Partnership  |  |  |  |
|                              | Limited by Guarantee   |  |  |  |
|                              | Limited by Guarantee Exempt Under Section 60   |  |  |  |
|                              | Flat / Estate Management Company (special objects)   |  |  |  |
|                              | Public Limited Company   |  |  |  |
|                              | This will ensure all data is submitted before Companies House's deadline of panies are processed before close of business of the same day.             |  |  |  |
| COMPANT DETAILS              |  |  |  |  |
| Company Name                 |  |  |  |  |
| SIC Code                     |  |  |  |  |
|                              | Standard Industry Classification). If not provided by you, we will use code: 990 - Other business support service activities not elsewhere classified) |  |  |  |
| Registered Office<br>Address |  |  |  |  |
| Registered<br>Email Address  |  |  |  |  |

## **APPOINTMENT**

Please complete all personal names **in full**. Do not use initials and please remember to check that the names match the ID provided. For multiple appointments please copy the **Appointments** table below adding it to a new page and please remember to complete all relevant sections.

| APPOINTMENT   |                           |  |  |  |  |  |
|---|---------------------------|--|--|--|--|--|
| Appointment Type (tick all that apply)  | Director / Member (LLP's) |  |  |  |  |  |
|   | Secretary                 |  |  |  |  |  |
|   | Subscriber / Shareholder  |  |  |  |  |  |
|   | PSC                       |  |  |  |  |  |
| CORPORATE BODY / COMPANY APPOINTMENT (if applicable)  |                           |  |  |  |  |  |
| Please complete this section if the appointment is a corporate body / company. Include the details of an existing officer of the corporate body / company who is authorised to authenticate its appointment in the section below. |                           |  |  |  |  |  |
| Company Name  |                           |  |  |  |  |  |
| Company Number  |                           |  |  |  |  |  |
| Legal Form (Ltd, PLC etc)   |                           |  |  |  |  |  |
| Law Governed (EW, I, SC etc)  |                           |  |  |  |  |  |
| Place of Registration (EW, I, SC etc)   |                           |  |  |  |  |  |
| Member of EEA (European Economic Area)  | Yes No                    |  |  |  |  |  |
| PERSON / OFFICER DETAILS  |                           |  |  |  |  |  |
| Title (Mr, Mrs, Miss, Dr, Rev, Sir etc)   |                           |  |  |  |  |  |
| Full Name (FIRST & MIDDLE)  |                           |  |  |  |  |  |
| Surname   |                           |  |  |  |  |  |
| Date of Birth (dd/mm/yyyy)  |                           |  |  |  |  |  |
| Occupation  |                           |  |  |  |  |  |
| Nationality   |                           |  |  |  |  |  |
| Country of Residence  |                           |  |  |  |  |  |
| Residential Address Mandatory   |                           |  |  |  |  |  |
| (This address <b>WILL NOT</b> appear on public record!  |                           |  |  |  |  |  |
| SAME AS<br>Registered Office  |                           |  |  |  |  |  |
|   |                           |  |  |  |  |  |

| TO AUTHENTICATE THE DIGITAL SIGNATURE PLEASE PROVIDE ANY <b>THREE</b> DETAILS FROM BELOW:- |  |  |  |  |  |
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