

# Notice of change of directors, or in the name, residential address or postal address of directors

Section 88(1)(a), Companies Act 2006

If there is insufficient space on the form to supply the information required, attach a separate sheet containing the information set out in the prescribed format.

Name of company

Company number

## Director(s) ceasing to hold office

Complete this section only if applicable.

Full legal name*: Residential address and postal address: Date on which director ceased to hold office
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Full legal name*: Residential address and postal address: Date on which director ceased to hold office
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Full legal name*: Residential address and postal address: Date on which director ceased to hold office
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\*Please give first name(s) followed by surname in BLOCK letters.

## Appointment of new director(s)

Complete this section only if applicable

[Please provide director's full legal name.]

Full legal name*: Residential address and postal address: Date of appointment:
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Full legal name*: Residential address and postal address: Date of appointment:
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Full legal name*: Residential address and postal address: Date of appointment:
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\*Please give first name(s) followed by surname in BLOCK letters.

[In the case of the appointment of a new director, the consent and certificate of the new director must be attached to this form. Please use Form 2 for this purpose.]

Form 9 – Notice of change of directors (continued)

Name of company

Company number

Attach separate sheets for multiple entries.

**Director(s) Change of Name**

Director's surname

Former surname\*

\* Complete only if applicable

First name(s)

Former first name(s) \*

\* Complete only if applicable

Date of change

**Director(s) Change of Residential Address or Postal Address**

Residential address

Former residential address \*

\* Complete only if applicable

Date of change

Postal address

Former postal address \*

\* Complete only if applicable

Date of change

Form 9 – Notice of change of directors (continued)

Name of company

Company number

Set out below are the names and residential and postal addresses of every person who is a director of the company from the date of this notice.

Full legal name*	Residential address and postal address

\*Please give first name(s) followed by surname in BLOCK letters.

Signature of director /  
authorised person

Date:

Full legal name of director /  
authorised person

Completed by

Address

  

Email [Optional]

Telephone

Facsimile [Optional]

Please deliver documents to: Niue Companies Office, C/Treasury Department, P O Box 36, Utuko, Alofi, Niue