Form 9

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



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

Company name	
Company gumbar	
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:	

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.

Full	legal	name*:

Full legal name*:

Residential address and postal address:

Residential address and postal address:

Date on which director ceased to hold office:

Date on which director ceased to hold office:

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:
Full legal name*:
Residential address and postal address:
Date of appointment:

Full legal name*:

Residential address and postal address:

Date of appointment:

^{*}Please give first name(s) followed by surname in BLOCK letters.

^{*}Please give first name(s) followed by surname in BLOCK letters.

Form 9 - Notice of change of directors (continued)	Companies Office of Niue
Company name	
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: Day Month Year	
Director(s) change of residential address or postal	
Residential address	Former residential address *
	* Complete only if applicable
Date of change: Day Month Year	
Postal address	Former postal address *
	* Complete only if applicable

Date of change:

Day

Month

Year

Company name		
Company number		
<u> </u>		
Set out below are the names a date of this notice.	nd residential and postal addresses of ev	very person who is a director of the company from the
	egal name *	Residential address and postal address
L *Please give first name(s) followed by	surname in BLOCK letters.	
Signature of director/ authorised person		
		Date:
Full legal name of director/ authorised person		

Telephone:

Facsimile (optional):

Completed by:

Address: