



Part XII — Return of Alteration in the list of names or addresses of the persons resident in Gibraltar authorised to accept on behalf of the company service of process and any notices required to be served on

(Appointments, Changes and Terminations)

Pursuant to Section 433 (c) of the Companies Act 2014

Please only print the pages that you need

Please insert Company Number below: (Include an ' ' immediately before and after the number)

Company Name _____ Limited

A company incorporated in¹ _____ and which has established a place of business in Gibraltar

I² _____ am signing this Return of Alterations in the List of names or addresses of the persons resident in Gibraltar authorised to accept services on behalf of the company.

Signature _____ Position held _____

Date _____

Presented by	Name
	Address
	Tel
	e-mail

¹ Country of Origin

² Name of the person authorised under Sec 432 (c) of the Companies Act or of some other person duly authorised by the Company.

Appointment of individual person resident in Gibraltar authorised to accept services

Pursuant to
Section 433 (c) of the
Companies Act 2014

Company Number

Company Name In Full

Date of Appointment	dd mm yyyy
Title	Date of Birth dd mm yyyy
Present Forename (s)	Any Former Forename (s)
Present Surname	Any Former Surname (s)
Usual Residential Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____
Nationality	Nationality of Origin

I ³ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

If you wish to appoint more than one individual person resident authorised to accept services in Gibraltar, please use the 'Appointment of Individual person resident in Gibraltar authorised to accept services' continuation page

³ This form may be signed by a Director, Secretary or Person duly authorised by the company

Appointment of Corporate person resident in Gibraltar authorised to accept services

Pursuant to
Section 433 (c) of the
Companies Act 2014

Company Number

**Company Name
In Full**

Date of Corporate Appointment	dd mm yyyy
Corporate Name in full	

Registered or Principal Office Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

I ⁴ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

If you wish to appoint more than one corporate person resident authorised to accept services in Gibraltar, please use the 'Appointment of Corporate person resident in Gibraltar authorised to accept services' continuation page

⁴ This form may be signed by a Director, Secretary or Person duly authorised by the company

Change of Individual Person Authorised to Accept Services Details

Person Authorised to Accept Services **current** details

Title	Date of Birth dd mm yyyy
Full forename (s)	Surname

Date of Change of Details	dd mm yyyy
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Please complete the appropriate sections to indicate which of your details have changed

Change of Name details – Please state new name in full

Title	Name	Surname
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Change of Usual Residential Address – Please state new address in full

Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

Change of nationality – Please state new nationality

Change of nationality	_____
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I ⁵ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

If you wish to make alterations to more than one Individual Person Authorised to accept services, please use the 'Individual Person Authorised to Accept Services Alterations' continuation page.

⁵ This form may be signed by a Director, Secretary or Person duly authorised by the company

Change of Corporate Person Authorised to Accept Services Details

Corporate Person Authorised to Accept Services **current** details

Corporate Name in full

Date of Change of Details	dd mm yyyy

Please complete the appropriate sections to indicate which of your details have changed

Change of Name details – Please state new corporate name in full

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Change of Registered or Principal Office Address – Please state new address in full

Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

I ⁶ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

If you wish to make alterations to more than one Corporate Person Authorised to Accept Services, please use the 'Corporate Person Authorised to Accept Services Alterations' continuation page.

⁶ This form may be signed by a Director, Secretary or Person duly authorised by the company

Termination of Authorisation of Person Authorised to Accept Services

Company Number

Company Name In Full

Date of Termination of Appointment ⁷	dd mm yyyy
Title	Date of Birth dd mm yyyy
Present Forename (s)	Any Former Forename (s)
Present Surname	Any Former Surname (s)
Nationality	Nationality of Origin
Corporate Name in full	

I ⁸ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

If you wish to terminate more than one Corporate Person Authorised to Accept Services, please use the 'Corporate Person Authorised to Accept Services Termination' continuation page.

⁷ Only one person / corporate person resident in Gibraltar authorised to accept services can be terminated per form

⁸ This form may be signed by a Director, Secretary or Person duly authorised by the company

Appointment of person resident in Gibraltar authorised to accept services continuation page

Company Number

Company Name In Full

Date of Appointment	dd mm yyyy
Title	Date of Birth dd mm yyyy
Present Forename (s)	Any Former Forename (s)
Present Surname	Any Former Surname (s)
Usual Residential Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____
Nationality	Nationality of Origin

I⁹ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

⁹ This form may be signed by a Director, Secretary or Person duly authorised by the company

Appointment of Corporate person resident in Gibraltar authorised to accept services continuation page

Company Number

Company Name In Full

Date of Corporate Appointment	dd mm yyyy
Corporate Name in full _____	
Registered or Principal Office Address	
Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

I ¹⁰ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

¹⁰ This form may be signed by a Director, Secretary or Person duly authorised by the company

Person Authorised to Accept Services Alterations continuation page

Company Number
Company Name In Full

Person Authorised to Accept Services **current** details

Title	Date of Birth dd mm yyyy
Full forename (s)	Surname

Date of Change of Details	dd mm yyyy
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Please complete the appropriate sections to indicate which of your details have changed

Change of Name details – Please state new name in full

Title	Name	Surname
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Change of Usual Residential Address – Please state new address n full

Building name/number	_____
Street	_____
Town	_____
Region or State	_____
Postcode	_____
Country	_____

Change of nationality – Please state new nationality

Change of nationality	
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I ¹¹ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

¹¹ This form may be signed by a Director, Secretary or Person duly authorised by the company

Corporate Person Authorised to Accept Services Alterations

continuation page

Corporate Person Authorised to Accept Services **current** details

Corporate Name in full <hr/>
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Date of Change of Details	dd mm yyyy
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Please complete the appropriate sections to indicate which of your details have changed

Change of Name details – Please state new corporate name in full

Change of Registered or Principal Office Address – Please state new address in full

Building name/number	<hr/>
Street	<hr/>
Town	<hr/>
Region or State	<hr/>
Postcode	<hr/>
Country	<hr/>

I ¹² _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

¹² This form may be signed by a Director, Secretary or Person duly authorised by the company

Termination of Authorisation of Person Authorised to Accept Services

continuation page

Company Number

Company Name In Full

Date of Termination of Appointment ¹³	dd mm yyyy
Title	Date of Birth dd mm yyyy
Present Forename (s)	Any Former Forename (s)
Present Surname	Any Former Surname (s)
Nationality	Nationality of Origin
Corporate Name in full _____	

I ¹⁴ _____ am signing this Return on behalf of the company.

Signature _____ Position held _____

¹³ Only one person / corporate person resident in Gibraltar authorised to accept services can be terminated per form

¹⁴ This form may be signed by a Director, Secretary or Person duly authorised by the company