

ADDITIONAL DIRECTOR FORM

Please complete this form for each director other than the first.

Please use block capitals

Company Name _____ Limited

DIRECTOR'S DETAILS

Name	Title	_____	Forenames	_____
	Surname	_____		
Address <small><i>This must be a residential address. Companies House will not accept PO Box numbers.</i></small>	No. / Street	_____		

	Town	_____		
	County	_____		
	Postcode	_____	Country	_____
Personal Details	Nationality	_____	Occupation.	_____
	Date of Birth	____	National Insurance No.	____
	Eye Colour	_____	Town of Birth	_____
	Mother's Maiden Name	_____		
Other Directorships	_____		_____	
	_____		_____	

CONFIRMATION

We rely completely on the information you provide, when we file documents with government authorities. If this information is wrong, it is your responsibility and not ours.

I confirm that:

I am the person named above. I agree to be a director of the company, and all the details above are accurate.

or

I am the person applying to form this company. The person named above has agreed to be a director of the company, and to the best of my knowledge, all the details above are accurate.

Signed: _____

Date: ____

Please send this form, together with your Order Form and any other attachments, to:

IncWise Limited, The Alexander Suite, Arthur House, Chorlton Street, Manchester M1 3FH.

Call us on 0845 009 6301 if you have any questions.