

DIRECTOR APPOINTMENT FORM

COMPANY NAME:	
COMPANY NUMBER:	

DIRECTOR DETAILS

TITLE: (Please tick ONE)

☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Mx ☐ Other (Lady/Lord etc) Specify: _____

FULL NAME: Please insert full names in CAPITAL LETTERS

[illegible]**DATE OF BIRTH:**

DD / MM / YYYY

PERSONAL CODE: (Companies House ECCTA code)

$$\square\square\square - \square\square\square - \square\square\square\square$$

SEX* (As per identification document):

☐ Male ☐ Female

**Identity verification checks are carried out based on recorded sex*

SERVICE ADDRESS: This is the address that will appear on the public record. This does not have to be your usual residential address.

RESIDENTIAL ADDRESS: This cannot be the company's registered office address. Please complete the address in full.

EMAIL ADDRESS:

MOBILE NUMBER:

NATIONALITY:**BUSINESS OCCUPATION:**

CONSENT TO ACT

To confirm your 'Consent to Act' as a director, please sign the statement of consent below:

"I consent to act as Director for the company in accordance with the Articles of Association"

SIGNED:

.....

DATED:

NAME: Please print name

PLEASE COMPLETE AND EMAIL THIS FORM TO: companysecretarial@innovus.co.uk