

Notice of change of directors, change in place of business, change in postal address, or change in persons authorised to accept service

Section 286(1), 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.

Company name

Company number

Change in director's details

Complete only if applicable.

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:

Full legal name*:
Residential address and postal address:
Date on which director ceased to hold office:

*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:

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

*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 17 - Notice of change of directors, place of business, postal address,
persons authorised to accept service (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
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Director(s) change of residential address or postal address

Residential address

Former residential address *

** Complete only if applicable*

Date of change:

Day	Month	Year
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Postal address

Former postal address *

** Complete only if applicable*

Date of change:

Day	Month	Year
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**Form 17 - Notice of change of directors, place of business, postal address,
persons authorised to accept service (continued)**

Companies Office of Niue

Company name

Company number

Set out below is a full list of the current directors of the company (including new appointments) at the date this notice is signed.

Full legal name *	Residential address and postal address

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

**Change in address of place of business or principal place of business of
overseas company**

Complete only if applicable.

New address of the place
of business or principal
place of business in Niue

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Company name

Company number

Change in postal address of overseas company

Complete only if applicable.

New postal address in Niue

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Change in persons authorised to accept service in Niue of documents on behalf of overseas company

Complete only if applicable.

Person ceasing to be authorised to accept service	Appointment of person authorised to accept service
Full name	Full name
Address *	Address *
Date authorisation ceased:	Date appointed:
	Email (optional):

**In the case of a natural person, please give a residential address. In the case of a body corporate, please give the address of its registered office or, if it does not have a registered office, the address of its principal place of business.*

Signature of director/
authorised person

Date: _____

Full legal name of director/
authorised person

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Details of person completing this form

Completed by: Address:	Email (optional):
	Telephone:
	Facsimile (optional):