

OS IN01 - continuation page

Registration of an overseas company opening a UK establishment

Corporate secretary

| | | | |
|--|---|--|--|
| E1 | Corporate secretary details^① | | ① Registered or principal address This is the address that will appear on the public record. This address must be a physical location for the delivery of documents. It cannot be a PO box number (unless contained within a full address), DX or LP (Legal Post in Scotland) number. |
| | Use this section to list all the corporate secretaries of the company. Please complete Sections E1-E3. Please use a continuation page if necessary. | | |
| Name of corporate body or firm | | | |
| Building name/number | | | |
| Street | | | |
| Post town | | | |
| County/Region | | | |
| Postcode | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | |
| Country | | | |
| E2 | Legal details | | ② Where you have provided details of the register (including state) where the company or firm is registered, you must also provide its number in that register |
| | Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register. | | |
| Legal form of the corporate body or firm | | | |
| Governing law | | | |
| If applicable, where the company/firm is registered ^② | | | |
| If applicable, the registration number | | | |
| E3 | Corporate secretary's authority | | ① If you have indicated that the extent of your authority is limited, please provide a brief description of the limited authority in the box below. ② If you have indicated that you are not authorised to act alone but only jointly, please enter the name(s) of the person(s) with whom you are authorised to act below. |
| | Please enter the extent of your authority as corporate secretary. Please tick one box. | | |
| Extent of authority | Limited ^① Unlimited | | |
| Description of limited authority, if applicable | Are you authorised to act alone or jointly? Please tick one box. Alone Jointly ^② | | |
| If applicable, name(s) of person(s) with whom you are acting jointly | <input type="text"/> <input type="text"/> <input type="text"/> | | |