



BR6

CHWP000

This form should be completed in black
This notice must be delivered to the Registrar within 21 days of the alteration being made

Return of change of person authorised to accept service or to represent the branch of an overseas company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

Company number

FC025943

Branch number BR008176

Company name

ACCIONA AGUA S A U

Branch name
(if different to corporate name)

ACCIONA AGUA S A U SUCURSAL UK

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day	Month	Year

Position vacated
(Mark appropriate box(es))

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch

Name

Address

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record

(10/03)

Tel



A711EYIU

A11

01/04/2008

180

COMPANIES HOUSE

COMPANIES HOUSE

A7149XNI

A38

01/03/2008

341

COMPANIES HOUSE

When completed, this form should be delivered to the address on page 4

SAT TUESDAY

APPOINTMENT

Persons authorised to represent the company or who may accept service or process

Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised (e.g. whether they are limited to powers expressly conferred by the instrument of appointment, or whether they are subject to express limitations). Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title Mr

Forenames CARLOS MARIA

Surname ARILLA

Address †† ~~BECKTON REACH STW~~ C/DATO N° 41 PISO 3
JENKINS LANE BARKING-ESSEX 01008 VITORIA

Post town BECKTON

County / Region BECKTON SPAIN Postcode IG11 0AD

Is authorised to accept service of process on the company's behalf

* AND/OR

Is authorised to represent the company in relation to that business

Date of appointment

Day	Month	Year
2	6	0
2	2	0
0	0	8

The authority to represent the company is -

Is # Authorised to accept service of process on the company's behalf

* AND/OR

Is # Authorised to represent the company in relation to that business

The extent of the authority to represent the company is - (give details)
FINANCIAL AND BUSINESS POWERS TOGETHER WITH A

SIGNATURE OF THE FOLLOWING PERSONS

These powers -

May be exercised alone

OR

Must be exercised with -

(Give name(s) of co-authorised person(s))

LUIS CASTILLA, CARLOS MARIA ARILLA, JOSUNE ASTRALAGA,

CARLOS MANUEL ALVAREZ, FERNANDO SANTOS, JAI0 MENDIBIL,

STEPHEN CHARLES HARRIS, CARLOS VALENTIN CEREZO,

IGNACIO SAN MARTIN, DANIEL LEZAMA

CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions mark both boxes

Change of name

Name previously notified to Companies House

New name

Change of residential address **
(enter new address)

** Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

Change of authority to act

(this part does not apply to a person authorised to accept service on behalf of the company)

Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons)


Mark appropriate box

Date of	Day	Month	Year
<input type="checkbox"/>	Change of particulars of person authorised to accept service		
<input type="checkbox"/>	Change of particulars of person authorised to represent the company		
Forenames	_____		
Surname	_____		
Forenames	_____		
Surname	_____		
Address	_____		

Post town	_____		
County / Region	_____	Postcode	_____
Country	_____		
The extent of the authority of the above person to represent the company has been altered to - [give details]			

The powers -			
#	<input type="checkbox"/>	May be exercised alone	
	OR		
#	<input type="checkbox"/>	Must be exercised with (Give name(s) of co-authorised person(s))	

Signature

Signed		* (director / Secretary)
/ Permanent represent)		
Date	25/02/08	

* Delete as applicable