



DIRECTOR APPOINTMENT FORM

Company Details

Company Name:

Company Number:

Director Details

Title:

Full Name:

Please insert full names in CAPITAL LETTERS

Date Of Birth:

Service Address:

The service address will be set to the company's registered office address.

Residential Address:

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

Country Of Residence:

Email Address:

Contact Number:

Nationality:

Business Occupation:

Director Identify Verification Code:

(11 character reference code format xxx-xxxx-xxxx, if you already have one)



Please tick if you have ever:	Yes
Been declared bankrupt or insolvent, or been the subject of bankruptcy proceedings, either as a private individual or in connection with any business?	
Been the subject of a county court judgement (CCJ) or its Scottish equivalent, including any outstanding judgements, in respect of debt as private individuals or as part of a business?	
Been convicted of, or charged but not yet tried for any criminal offence, other than motoring or spent convictions under the Rehabilitation of offenders act 1974?	
Been officers of a company which has been declared insolvent, or had a liquidator or receiver appointed, or has entered into arrangements with creditors in accordance with the insolvency act 1986?	
Been the subject of an investigation, censure, accusation, or recovery action by HMRC, the Police or any regulatory body or other authority?	
Been investigated or prosecuted for failure to comply with any Health & Safety or Welfare or Environmental Protection Legislation?	
Been disqualified under the Directors Disqualification Act 1986 or any subsequent legislation?	
Had insurance refused or declined or ever had insurance's cancelled, renewal refused, or any special terms imposed?	

Consent To Act
<i>To confirm your 'Consent to Act' as a director, please sign the statement of consent below:</i>
I consent to act as Director for the company in accordance with the Articles of Association

Signed: **Dated:**

PLEASE COMPLETE AND EMAIL THIS FORM TO: cosec@alphahousingservices.co.uk