

# OS AP05

Appointment by an overseas company of a person authorised to represent the company as a permanent representative in respect of a UK establishment



Companies House

FRIDAY  
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A07 06/02/2015 #79  
COMPANIES HOUSE  
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A06 03/02/2015 #26  
COMPANIES HOUSE

What this form is for  
You may use this form to appoint a person authorised to represent the company in respect of the UK establishment

What this form is NOT  
You cannot use the form any other appointment

→ Filing in this form  
Please complete in typescript or in bold black capitals  
All fields are mandatory unless specified or indicated by \*

## 1 Overseas company details

Company number **F C 0 0 4 0 8 7**  
Company name in full or alternative name as registered in the UK **"EL AL" ISRAEL AIRLINES LIMITED**

## 2 UK establishment details

UK establishment number **B R 0 0 1 1 6 0**  
UK establishment name in full **"EL AL" ISRAEL AIRLINES LIMITED**

## 3 Date of appointment of new person authorised

Date of appointment **0 1 / 0 8 / 2 0 1 4**

## 4 Details of new person authorised

Title\* **MR**  
Full forename(s) **AVIRAM**  
Surname **LEVY**  
Former name(s)

① Former name(s)  
Please provide any previous names which have been used for business purposes in the past 20 years  
Married women do not need to give former names unless previously used for business purposes.  
Continue in Section 8 if required

## 5 Service address of new person authorised

Please complete the service address below You must also complete the usual residential address of the person authorised in Section 5a

Building name/number **16**  
Street **UPPER WOBURN PLACE**  
Post town **LONDON**  
County/Region  
Postcode **WC1H 0AF**  
Country

① Service address  
This is the address that will appear on the public record This does not have to be your usual residential address  
If you provide your residential address here it will appear on the public record

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## 6 Authority of new person authorised

Please enter the extent of your authority as person authorised Please tick one box	
Extent of authority	<input checked="" type="checkbox"/> Limited ① <input type="checkbox"/> Unlimited
Description of limited authority, if applicable	Limited to the amount of <u>£ 250,000</u> <u>TO certify English translation of A/C</u>
	Are you authorised to act alone or jointly? Please tick one box <input type="checkbox"/> Alone <input checked="" type="checkbox"/> Jointly ②
If applicable, name(s) of person(s) with whom you are acting jointly	Mr YAROM VADISH

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

## 7 Signature

Signature	<p>Signature</p> <p>X  X</p> <p>OVER SEAS ADVOCATE LICENCE No 18269 7 2</p>
This form may be signed and authorised by Director, Secretary, Permanent representative	

## 8 Additional former name(s) (continued from Section 4)

Former name(s) ①	         
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① Additional former name(s)  
Use this space to enter any additional names