

# 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

**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 for**  
You cannot use the form to  
any other appointment

WEDNESDAY



\*A4JY6XIZ\*  
A07 11/11/2015 #56  
COMPANIES HOUSE

## 1 Overseas company details

Company number FC004087  
Company name in full  
or alternative name as  
registered in the UK "ELAL" ISRAEL AIRLINES LIMITED

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

## 2 UK establishment details

UK establishment  
number BR001160  
UK establishment  
name in full "ELAL" ISRAEL AIRLINES LIMITED

## 3 Date of appointment of new person authorised

Date of appointment 26 08 2015

## 4 Details of new person authorised

Title\* MRS  
Full forename(s) ORANIT BEIT  
Surname HALAHMY AMIR  
Former name(s) <sup>1</sup>

<sup>1</sup> **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 <sup>2</sup>

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

Building name/number BLACKBURN HOUSE  
Street BLACKBURN ROAD  
Post town LONDON  
County/Region  
Postcode NW6 1R2  
Country UK

<sup>2</sup> **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  
 Limited ①  
 Unlimited

Description of limited authority, if applicable  
*LIMITED TO THE AMOUNT OF USD 250,000 TO CERTIFY ENGLISH TRANSLATION OF A/C*  
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  
*Mr AVIRAM LEVY*

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  
*X [Signature] X*

This form may be signed and authorised by  
Director, Secretary, Permanent representative *Company Secretary*

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

Former name(s) ③

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

③ Additional former name(s)  
Use this space to enter any additional names