Robert Malley, New York, NY, Director Appointment, Pilgrims Society, Rhodes Scholar, Clinton/Obama National Security Council (NSC), Apr. 26, 2019

| & Regulation 13 of the<br>Overseas Companies | <b>OS</b> AP01<br>Appointment of director of an overseas company                                | Companies House   |  |  |
|--|---|---|--|--|
| Regulations 2009.                            |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
|  |   |   |  |  |
| 4  | What this form is for<br>You may use this form to appoint You cannot use the form               |   |  |  |
|  | an individual as a director of an a corporate director of an overseas company. To do this, plea |   |  |  |
|  | OS AP02 'Appointment or F   | *A831PNJC*<br>09/04/2019 #246   |  |  |
|  | ODECIDEDEAD OVERSEAS CO   | COMPANIES HOUSE   |  |  |
| 1  | Overseas company details  |   |  |  |
| Company number                               | F C 0 1 8 7 3 5   | → Filling in this form<br>Please complete in typescript or in               |  |  |
| Company name in full                         | THE INTERNATIONAL CRISIS GROUP  | bold black capitals.  |  |  |
| or alternative name as registered in the UK  |   | All fields are mandatory unless<br>specified or indicated by *              |  |  |
| 2  | Date of director's appointment  |   |  |  |
| Date of appointment                          |   |   |  |  |
| 3  | New director's details  | O Former name(s)  |  |  |
| <br>Title*                                   |   | Please provide any previous names<br>(including maiden or married names)    |  |  |
| Full forename(s)                             | ROBERT  | which have been used for business purposes in the last 20 years.            |  |  |
| Surname                                      | MALLEY  | Continue in Section 8 if required.  |  |  |
| Former name(s) <b>O</b>                      |   | Country/State of residence<br>This is in respect of your usual              |  |  |
| Country/State of residence                   | USA   | residential address as stated in Section 4a.                                |  |  |
| Nationality                                  | AMERICAN  | Omoth and year of birth<br>Please provide month and year only.              |  |  |
| Month/year of birth <sup>®</sup>             | X X <sup>m</sup> 0 <sup>m</sup> 8 <sup>y</sup> 1 <sup>y</sup> 9 <sup>y</sup> 6 <sup>y</sup> 3   | Provide full date of birth in<br>section 3a.                                |  |  |
| Business occupation                          |   | Business occupation     If you have a business occupation,                  |  |  |
| (if any) 🎱                                   |   | please enter here. If you do not,<br>please leave blank.                    |  |  |
| 4  | New director's service address <sup>©</sup>   |   |  |  |
|  | Please complete your service address below. You must also complete your usual                   | Service address   |  |  |
|  | residential address in Section 4a.  | This is the address that will appear<br>on the public record. This does not |  |  |
| Building name/number                         | 708   | A address.  |  |  |
| Street                                       | 3RD AVENUE  | If you provide your residential   |  |  |
|  |   | address here it will appear on the<br>public record.                        |  |  |
| Post town                                    | NEW YORK  |   |  |  |
| County/Region                                | NY  |   |  |  |
| Postcode                                     | 1 0 0 1 7   |   |  |  |
| Country                                      | USA   |   |  |  |
|  |   |   |  |  |

10/15 Version 5.0

## **OS** AP01 Appointment of director of an overseas company

| 5   | Director's authority  |       |                 |   |        |                         |         |             |
|---|---|-------|-----------------|---|--------|-------------------------|---------|-------------|
|   | Please enter the extent of your authority as director. Please tick one box.   |       |                 |   |        |                         |         | t the exten |
| Extent of authority   | □ Limited ●<br>☑ Unlimited  |       |                 | of your authority is limited, please<br>provide a brief description of the<br>limited authority in the box below.<br>If you have indicated that you are |        |                         |         |             |
|   |   |       | .   r           | ot au   | horise | d to a                  | ct alor | ne but only |
| Description of limited<br>authority, if applicable                            | Are you authorised to act alone or jointly? Please tick one box.  |       | t               | jointly, please enter the name(s) of<br>the person(s) with whom you are<br>authorised to act below.   |        |                         |         |             |
|   | <ul> <li>☑ Alone</li> <li>☑ Jointly ●</li> </ul>  |       |                 |   |        |                         |         |             |
| If applicable, name(s)<br>of person(s) with<br>whom you are<br>acting jointly |   |       | -  <br>-  <br>- |   |        |                         |         |             |
| 6   | UK establishments   |       |                 |   |        |                         |         |             |
|   | A return must be delivered in respect of any alteration to the company<br>particulars by each UK establishment. If, however, a company has more than<br>UK establishment, it may deliver only one form in respect of all those UK<br>establishments, provided it completes the table below. | i one |                 |   |        |                         |         |             |
|   | UK establishment name   | Reg   | istrat          | ion n   | umbi   | ș <b>r</b>              |         |             |
|   | THE INTERNATIONAL CRISIS GROUP  | B     | R               | 0   | 0      | 3                       | 0       | 7 4         |
| 7   | Signature   |       |                 | 1   | I      | 1                       | I       |             |
| Signature   | Signature<br>X<br>CCULC COLCO-2 7<br>This form may be signed and authorised by:<br>Director, Secretary, Permanent-representative.   | X     |                 |   |        |                         |         |             |
| 8   | Additional former name(s) (continued from Section 3)  |       |                 |   |        |                         |         |             |
| Former name(s) 🖲  |   |       | ι               |   | s spac | orme<br>e to ei<br>mes. |         |             |
|   |   |       |                 |   |        |                         |         |             |

| Presenter | information |
|-----------|-------------|
|-----------|-------------|

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

| Contact name |        | <br>   |
|--------------|--------|--------|
|              |        | CODAN  |
|              | CAROLE | CORAIN |

Company name INTERNATIONAL CRISIS GROUP

Address 708 THIRD AVENUE

| Post town | NEW YORK |
|-----------|----------|

| County/Region | NV |  |
|---------------|----|--|

| Postcode | 1 |
|----------|---|
| Country  |   |

Telephone 2128130820

USA

## **Checklist**

DX

We may return forms completed incorrectly or with information missing.

0 0

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# Please make sure you have remembered the following:

- The company name and number as registered in the UK match the information held on the public Register.
- □ You have completed the date of appointment.
- □ You have included all former names used for business purposes over the last 20 years.
- □ You have completed the nationality box in Section 3.
- □ You have provided a correct date of birth.
- You have provided a business occupation if there is one.
- You have provided both the service address and the usual residential address.
- □ Addresses must be a physical location. They cannot be a PO Box number (unless part of a full service address), DX or LP (Legal Post in Scotland) number.
- □ You have enclosed a relevant higher protection application if applying for this at the same time as completing this form.
- □ You have entered the extent of the director's authority in Section 6.
- □ You have completed Section 6, if applicable.
- □ You have signed the form.

## Important information

Please note that all information on this form will appear on the public record, apart from information relating to usual residential addresses and day of birth.

## Where to send

You may return this form to any Companies House address:

#### England and Wales:

The Registrar of Companies, Companies House, Crown Way, Cardiff, Wales, CF14 3UZ. DX 33050 Cardiff.

#### Scotland:

The Registrar of Companies, Companies House, Fourth floor, Edinburgh Quay 2, 139 Fountainbridge, Edinburgh, Scotland, EH3 9FF. DX ED235 Edinburgh 1 or LP - 4 Edinburgh 2 (Legal Post).

#### Northern Ireland:

The Registrar of Companies, Companies House, Second Floor, The Linenhall, 32-38 Linenhall Street, Belfast, Northern Ireland, BT2 8BG. DX 481 N.R. Belfast 1.

#### **Higher protection**

If you are applying for, or have been granted, higher protection, please post this whole form to the different postal address below: The Registrar of Companies, PO Box 4082, Cardiff, CF14 3WE.

## *i* Further information

For further information, please see the guidance notes on the website at www.gov.uk/companieshouse or email enquiries@companieshouse.gov.uk

This form is available in an alternative format. Please visit the forms page on the website at www.gov.uk/companieshouse