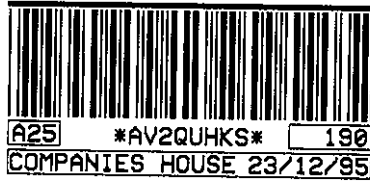


288**Change of director or secretary
or change of particulars.**

Company number

CN 226742



Company name

General Accident Life Assurance Limited

Appointment(Turn to
next page
for resign-
ation and
change of
parti-
culars)

Date of appointment

Day Month Year

DA 07 12 95

Appointment of director
Appointment of secretary
Name *Style/Title

CD X

CS

Mr

Forenames

Robert Avisson

Surname

Scott

*Honours etc

Previous forenames

Previous surname

Usual residential address

AD Glebe House

Auchterarder Road

Post town

DUNNING

County/Region

Perthshire

Postcode

PH2 0RJ

Country

Date of birth+

DO 06 01 42

Nationality+

NA

Australian

Business occupation+

OC Insurance Manager

Other directorships+

See attached list

I consent to act as director of the above named
company

Consent signature

Signed

Date

19.12.95

*Voluntary details
+Directors only

A serving director etc must also sign the form on page 2

Resignation

(This includes any form of ceasing to hold office eg death or removal from office)
Date of resignation etc
Resignation as director
Resignation as secretary
Forenames

DR			
XD			
XS			

DO			

Surname

Date of birth (*directors only*)

If cessation is other than resignation, please state reason (*eg death*)

Change of particulars
Date of change of particulars
Change of particulars, as director
Change of particulars, as secretary

DC			
ZD			
ZS			

DO			
NN	_____		

AD	_____		

Forenames } (*name previously notified to Companies House*)
Surname }

Date of birth (*directors only*)

Change of name (*enter new name*)
Forenames
Surname

Change of usual residential address (*enter new address*)

Post town
County/region
Postcode
Country

Other change (*please specify*)

A serving director, secretary etc must sign the form below.

After signing, please return the form to the Registrar of Companies at Companies House, Crown Way Cardiff CF4 3UZ for companies registered in England and Wales, or Companies House 100-102 George Street Edinburgh EH2 3DJ for companies registered in Scotland

Signature

Signed *[Signature]* Date 19.10.95.
(by a serving director/secretary/administrator/administrative receiver/receiver)
(delete as appropriate)

To whom should Companies House direct any enquiries about the information on this form?

Tel:

Other relevant directorships for Mr R A Scott

Insurance Database Services Limited

Plant Safety Limited

Plant Safety Pension Trustees Limited

SelectDirect Limited

The Loss Prevention Council

The Motor Insurance Repair Research Centre (resigned 28/07/92)