

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 resignation and change of particulars)

Date of appointment

Day Month Year

DA

Appointment of director

CD

Appointment of secretary

CS

Name *Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Usual residential address

AD

Post town

County/Region

Postcode

Country

Date of birth+

DO

Nationality+ NA

Business occupation+

OC

Other directorships+

I consent to act as director/secretary of the above named company

Consent signature

Signed _____ Date _____

*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

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

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

Other change (*please specify*)

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

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

DR	30	11	95
XD	X		
XS			
Barrie			
Holder			
DO	07	07	45
Death			

(This section is crossed out with a diagonal line)

DC			
ZD			
ZS			
DO			
NN			
AD			
Country			

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

Signature

Signed *M.A. Pugh* Date *12/12/95*
 (by a serving director/secretary/administrator/
~~administrative receiver/receiver~~)
 (*delete as appropriate*)

Tel: