

Please complete in typescript, or in bold black capitals

**CHFP029** 

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

Company Number  Company Name in full			5990		-									
			The Northern Maritime Insurance Company Limited											
_	Day			ear		]								
Date of termination of appointment			2 0	1 10	2	0 0	_0							
		as director			as s	ecretary	ary	Х	] .	Please mark the approp appointment as a direct both boxes.			oriate box. If terminat or and secretary man	inating mark
Please insert	NAME	*Style / Title	MR						*}	lonou	rs etc	LLB (HON	S)	
details as previously		Forename(s)												
notified to Companies H	ouse.	Surname												
		†Date of Birth	Day	Month	Y	ear								
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Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

\* Voluntary details.

† Directors only. Delete as appropriate



Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

Signed

LONDON, WIJ 6EW

DX number

Date

WGO SECRETARIAL DEPARTMENT, ROYAL & SUN ALLIANCE INSURANCE, 30 BERKELEY SQUARE,

When you have completed and signed the form please send it to the Registrar of Companies at: DX 33050 Cardiff

Tel 020 7569 4031

DX exchange