

Please complete in typescript, or in bold black capitals

CHFP029

288b

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		The Northern Maritime Insurance Company Limited	
		Day Month Year	
Date of termination of appointment		3 1 0 3 2 0 0 2	
	as director		Please mark the appropriate box. If termination appointment as a director and secretary mark both boxes.
ease insert	NAME *Style / Title	MR	*Honours etc
etails as reviously	Forename(s)	PAUL	
otified to ompanies Ho	use. Surname	SPENCER	
		Day Month Year	
	†Date of Birth	0 3 0 1 1 9 5 0	
/oluntary details. Directors only. Delete as approp	Signe	A serving director, secretary etc	c must sign the form below. Date ວາໄວປຸໄດ້
	pristo	(** serving director / secretary / administrator / administrative receiver / receiver manager / receiver)	
lease give the name, address,		WGO SECRETARIAL DEPARTMENT, ROYAL & SUN ALLIANCE INSURANCE, 30 BERKELEY SQUARE,	
DX number a	ber and, if available, nd Exchange of	LONDON, WIJ 6EW	
ne person Companies House should ontact if there is any query.			Tel 020 7569 4038
		DX number DX exchange	
		When you have completed and signed the form please send it to the	

Registrar of Companies at:

for companies registered in Scotland

Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

COMPANIES HOUSE Form revised 1999 13/04/02