

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))

	Compa	illy isulliber						
C	ompany I	Name in full	The Northern	Maritime Insuranc	e Con	npany Limited		
			Day Marth	Voor				
Date of	termination	of appointment	Day Month 1 5 0 9	Year 2 0 0 0				
		as director		as secretary	Х	Please mark the appointment as both boxes.	appropriate box. If term a director and secretary	ninatir ′ mark
Please insert	NAME	*Style / Title	MR			*Honours etc	A.C.1.S.	
details as previously		Forename(s)	JOHN HILTON					
notified to Companies Ho	use.	Surname	BERG					
		†Date of Birth	Day Month	Year 				

599C

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.



A84 COMPANIES HOUSE 0178 11/10/00

Form revised 1999

* Voluntary details. † Directors only. ** Delete as appropriate

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

WGO SECRETARIAL DEPARTM	ENT, ROYAL & SUN ALLIANCE INSURANCE, 30 BERKELEY SQUARE,
LONDON, WIJ 6EW	
	Tel 020 7569 4031
DX number	DX exchange

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

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff for companies registered in England and Wales

or

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

for companies registered in Scotland DX 235 Edinburgh