

## 288a

## **APPOINTMENT of director or secretary**

Please complete in typescript, or in bold black capitals.		change of particulars (use		
CHFP010.	Company Number	37038		
Company Name in full		THE EQUITABLE LIFE ASSURANCE SOCIETY		
			<u> </u>	
Appointment form	Date of appointment	Day Month Year  1 4 0 5 2 0 0	Day  † Date of 1   7  Birth	Month Year 0 9 1 9 5 4
Notes on completion appear on next page.	Appointment as director	x as secretary		opropriate box. If appointment is ecretary mark both boxes.
	NAME * Style / Title	MR	* Honours etc	
	Forename(s)	CHARLES ALBERT JOHN		
	Surname	BELLRINGER		
	Previous forename(s)		Previous surname(s)	
	Usual residential address	TENCHLEYS MANOR, ITCHINGWOOD COMMON		
Post town  County / Region  † Nationality  † Other directorships (additional space next page)  Consent signature		LIMPSFIELD	Postcode	RH8 ORL
		SURREY	Country	
		BRITISH	† Business CHIE 1NV	F FINANCE AND ESTMENT OFFICER
		I consent to act as ** director	/ <del>secretary</del> of the abov	ve named company
		1. fing	Date	21 MAY 2002
* Voluntary details.  † Directors only.		A director, secretary etc must sign the form below.		
** Please delete as a	ppropriate Signed		Date	29 May 2002
		(**a-director / secretary / administrator / administrative receiver / receiver manager / receiver)		
number and, if a	name, address, telephone vailable, a DX number and	Peter W Wilmot Esq, The Equitable Life Assurance Society		
	person Companies House there is any query.	Walton Street, Aylesb	ury, Bucks HP21	7QW
		Tel		
		DX number	DX exchange	

\*AYLDYBAN\*

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COMPANIES HOUSE

0710 30/05/02 When you have completed and signed the form please send it to the Registrar of Companies at:

DX 33050 Cardiff

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