

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

	Company Number	38832C
	Company Name in ful	The Norwich Union Life Insurance Company Limited
* F28	88BD40 *	
Resignatio	n	
form		Day Month Year
	Date of resignation	16 06 97
	Resignation as director	χ as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style / Title	Mr *Honours etc
Please insert details as	Forename(s)	Francis
previously notified to Companies Ho	Surname	Cator
•		Day Month Year
	† Date of Birth	
If cessation is other than resignation, please state reason		
		A serving director, secretary etc must sign the form below.

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



Form revised March 1995

* Voluntary details.

† Directors only.

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

M D Oxbury		
Norwich Union Ins	urance Group 8 Sur	rey Street
NORWICH NR1 3NG	Tel (01603) 62220	0
DX number	DX exchange	

Date 19 June 1997

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

Companies House, Crown Way, Cardiff, CF4 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