

Terminating appointment as director or secretary

Please complete in typescript, or in bold black capitals.

CHFP010

Company Number

Company Name in full

(NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

82051					
EAGLE	STAR	INSURANCE	COMPANY	LIMITED	

		Day Month Year				
Date of termination	n of appointment	0 7 0 8 2 0 0 5				
,	as director	as secretary X Please mark the appropriate box, if terminating appointment as a director and secretary mark both boxes.				
NAME	* Style / Title	MRS * Honours etc				
Please insert details as	Forename(s)	JOANNE CLAIRE				
previously notified to Companies House.	Surname	ATKINSON				
	† Date of Birth	Day Month Year				

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

Signed

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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.

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(** s	ervina direct a	v/secretary	admint	trator/admini	strative receive

et/receiver manager/receiver)

P F Worth	ington, The Zurich Centre, 3000 Parkway
Whiteley,	Fareham, Hampshire, PO15 7JZ
	Tel
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 or companies registered in England and Wales

ompanies House, 37 Castle Terrace, Edinburgh, EH1 2EB r companies registered in Scotland DX 235 Edinburgh

[†] Directors only.

^{**} Delete as appropriate.