



**SECRETARIAT**

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** 99122

**Company Name in full** Norwich Union Insurance Limited

**Date of termination of appointment**

Day	Month	Year
2	6	1 0 2 0 0 0

as director

X

as secretary

Please mark the appropriate box. If terminating appointment as a director and secretary mark both boxes.

Please insert details as previously notified to Companies House.

**NAME**

\*Style / Title

MR

\*Honours etc

Forename(s)

SIMON CHRISTOPHER JOHN

Surname

MACHELL

**†Date of Birth**

Day	Month	Year
1	6	1 2 1 9 6 3

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

**Signed**

*Harry Ward*

**Date**

21.11.00

(\*\* serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

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

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.

GROUP LEGAL & SECRETARIAL, 20TH FLOOR, ST HELEN'S, 1 UNDERSHAFT, LONDON, EC3P 3DQ

Tel 020 7662 8326

DX number

DX exchange



A09  
COMPANIES HOUSE

0229  
14/12/00

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

# Notification of changes to information held on the Public Register

(This form has been approved by the Office of Fair Trading)

## PART 1 About the licence holder

1 Current standard licence number **007759**

2 Name of licensee **Norwich Union Insurance Limited**

3 Main place of business in the  
United Kingdom (UK) **8 SURREY STREET  
NORWICH  
NORFOLK NR1 3NG**

4 Registered Office Address **8 SURREY STREET  
NORWICH  
NORFOLK NR1 3NG**

5 Correspondence Address - (Given on last page of this form)

## PART 2 Changes to people involved in the business

6 Changes (deletions and new appointments) in the officers of the licensee

On the 26/10/2000 IGAL MORDECIAH MAYER was appointed as director

Date of Birth: 18 June 1961

On the 26/10/2000 ALEXANDER ROBERT ROBINSON resigned as director

On the 26/10/2000 DEREK WILLIAM PLUMMER resigned as director

On the 26/10/2000 KEITH JONES resigned as director

On the 26/10/2000 KENNETH JOHN STEVEN APPLGATE resigned as director

On the 26/10/2000 KENNETH JOHN WALLACE resigned as director

On the 26/10/2000 MARK STEVEN HODGES resigned as director

On the 26/10/2000 PAUL CHRISTOPHER KITE resigned as director

On the 26/10/2000 RICHARD JOHN HARVEY resigned as director

On the 26/10/2000 SIMON CHRISTOPHER JOHN MACHELL resigned as director

# Notification of changes to information held on the Public Register

(This form has been approved by the Office of Fair Trading)

7 Has any new person named in question 6 ever applied  
for a consumer credit licence in the past

NO

YES

If Yes - Give Full Name of Applicant(s) & licence number(s) below :

Full Name of Applicant

Licence or Application Number

\_\_\_\_\_  
\_\_\_\_\_

## PART 3 - About New People

8 No Previous Names

# Notification of changes to information held on the Public Register

(This form has been approved by the Office of Fair Trading)

## PLEASE COMPLETE THIS SECTION MANUALLY

### PART 3 - About New People (Cont'd)

9 Has any new person named in question 6 had any county court judgments in the last 3 years?

NO

YES

Judgment Against the Name of

Number of Judgments

10 Has any new person named in question 6 been a director, secretary or controller of any company in the last 3 years which has

- gone into liquidation
- called in a receiver
- been wound up?

NO

YES

Surname

Other names if full

Company Name

Please send a copy of the liquidator's report and the full Statement of Affairs, listing all Creditors.

11 Is any new person named in question 6 of this form an undischarged bankrupt or been declared bankrupt in the last 5 years?

NO

YES

Surname

Other names if full

If the bankruptcy or sequestration is discharged, please send the Certificate of Discharge.

# Notification of changes to information held on the Public Register

(This form has been approved by the Office of Fair Trading)

## PART 3 - About New People (Cont'd)

12 Has any new person named in question 6 of this form ever been convicted of any offence, or been a partner in a partnership or a director, secretary or controller of a company or an officer of any other organisation which has been convicted of an offence?

NO \_\_\_\_\_  
YES \_\_\_\_\_ Person's surname

Person's other names in full

If a partnership or company named in this form was convicted of an offence, still tick Yes.

You do not need to tell us about  
\* any company that was convicted more than 10 years ago  
\* spent convictions under the *Rehabilitation of Offenders Act*.

The law about this is complex. It is your responsibility to check whether convictions are spent. If you are not sure, get legal advice. Or tell us about them anyway.

Name of company, partnership, other organisation if applicable

Please give the following details of past convictions :

Date of Conviction

Court Name

Full details of offence, fine and sentence :

## PART 4 Not applicable

## PART 5 Checklist

14 Documents you are sending.  
Check that you are sending the documents that we have asked for. Please tick the documents you are sending

Statement of Affairs listings  
unsecured creditors \_\_\_\_\_

A copy of the Certificate of  
Discharge \_\_\_\_\_

# Notification of changes to information held on the Public Register

(This form has been approved by the Office of Fair Trading)

## PART 6 - Declaration and signature

Please make sure that you read and understand each part of this declaration.

### I understand

- \* that I am responsible for all the information that I have given on this form, including information about other people
- \* that if I give any information that is false or misleading, and I do this knowingly or recklessly, I will be committing a criminal offence, and my licence may be revoked

### I confirm

- \* that anyone named on this form who needs to be authorised under any Acts, has obtained the necessary authorisation.

### I declare

- \* that the information I have given on this form is true and complete.

### I understand

- \* that this form will not be accepted if any sections has been amended

Name in BLOCK LETTERS of person signing


Position or authority

Address for correspondence about this notification  
20TH FLOOR, ST HELEN'S, 1 UNDERSHAFT, LONDON, EC3P 3DQ

Telephone 020 7662 8326

Signature

Date 10 November 2000

  
\_\_\_\_\_

21.11.00  
\_\_\_\_\_

When you have filled in the form  
and signed it, send it to:

Office of Fair Trading  
Consumer Credit Licensing Branch  
Craven House, 40 Uxbridge Road  
Ealing, LONDON W5 2BS