

Please complete in typescript, or in bold black capitals.

288b

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

99375

Company Name in full

THE NORTHERN ASSURANCE COMPANY

LIMITED

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Resig	nation
form	

Date of resignation

Month Year

27 02 98

Resignation as director

X

Day

as secretary

Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.

NAME

*Style / Title

*Honours etc

Please insert details as previously notified to

Forename(s)

PETER GEOFFREY

notified to Companies House.

Surname

WARD

Day Month

[†]Date of Birth

OS 05 42

If cessation is other than resignation, please state reason

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

Signed

DIWReyword

Year

Date

6.3.98

* Voluntary details.

† Directors only.

by a serving director / cooretary / administrator / administrative receiver / receiver manager / receiver

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

GROUP LEGAL & SECRETARIAL, COMMERCIAL UNION

PLC, ST HELEN'S, IUNDERSHAFT, LONDON,

EC 3P 3DQ Tel 0171 662 8665

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, 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