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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	99375		
	ompany Name in full B 0 1 9 *	NORTHERN ASSUR	ANCE COMPAN	Y LIMITED
Resignation form	Date of resignation	Day Month Year		
Please insert details as previously notified to Companies House	Resignation as director	as secretary	Please mark the appropriate is as a director and secretary	box. If resignation mark both boxes.
	NAME *Style / Title	SIR	*Honours etc	
	Forename(s)	JOHN GORDON TO	HOMAS	
	Surname [CARTER		
	†Date of Birth [ation is other than	Day Month Year		
		A serving director, secretary	etc must sign the forn	n below.
* Voluntary details.	Signed	pargo	Date	3.1.98
† Directors only.	·	(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver		
telephone numbe. a DX number a the person Compa	name, address, r and, if available, nd Exchange of nies House should	L.C. Harnson, CUPIC, H Lendon 1503B 3BP	. Helen's, Illnows	Katt
contact if there is a	ny query.	Tel	0171-662 6024	
A36 *AVXKU2VD* 492 COMPANIES HOUSE 15/01/98 Form revised March 1995		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		
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