

288b

DX 33050 Cardiff

DX 235 Edinburgh

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Company Number		99375	
Company Name in full		NORTHERN ASSURANCE COMPANY LIMITED	
*F288E	3019 ×		••
Resignation form	Date of resignation	Day Month Year	
	Resignation as director	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 previously notified to Companies House.	Forename(s)	ANTHONY BLAKE	
	Surname	WYAND	
If cessat	[†] Date of Birth ion is other than on, please state reason	Day Month Year 24 11 43	
	Signed	A serving director, secretary	
* Voluntary details. † Directors only.	_	(by a serving director / secretary / administ	Date /3. /. 9 g trator / 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			
		L.C. Harnson, St. Helen's, I Underskapt London EC3B 3BP 40 Commercial linion place	
contact if there is an		Tel 0/7/- 662 8024	
		DX number DX exchange	
		When you have completed and signed the form please send it to the	

Registrar of Companies at:

for companies registered in Scotland

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

Form revised March 1995