



Please complete in typescript,  
or in bold black capitals

# 288b

## Resignation of director or secretary

Company Number 557458

Company Name in full CITY OF LONDON INSURANCE COMPANY LIMITED



\* F288BD40 \*

### Resignation form

Date of resignation

Day	Month	Year
15	05	96

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

MAAT

Please insert  
details as  
previously  
notified to  
Companies House.

Forename(s)

MALCOLM DENYS

Surname

COMFORT

† Date of Birth

Day	Month	Year

If cessation is other than  
resignation, please state reason

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

\* Voluntary details.

† Directors only.

Signed

Date

15 May 1996

(by a serving director / secretary / 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

J A WILTSHIRE

EAGLE STAR CENTRE MONTELLIER DRIVE

CHELTENHAM GL53 7LQ Tel 01242 221311

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

