



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))

Company Number

00613259

Company Name in full

NORMAN INSURANCE COMPANY LIMITED



F288B019

Resignation form

Date of resignation

Day Month Year

24 04 98

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)

LESLIE JOHN

Surname

MCKINNES

†Date of Birth

Day Month Year

20 03 34

If cessation is other than
resignation, please state reason

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

Signed

Date

22/5/98

* Voluntary details.
† Directors only.

(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.

MR STEVEN WHITTAKER. NORMAN INSURANCE
NORMAN PLACE, READING
RG1 8DA Tel 0118 925 8826
DX number DX exchange



A21 *AS3V76JW* 246
COMPANIES HOUSE 27/05/98

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