

288b

Resignation of director or secretary

Please complete in typescript, or in bold black capitals.

C

Company Number	0736581
ompany Name in full	STRONGHOLD INSURANCE COMPANY LIMITED

*	= 2 8	8 B	E6() *

Resignatio	n		Day	Month	Year		
		e of resignation	14_	04	1997		the description in an a
		ation as director	Х	as secre	etary	Please mark the application director and secretar	ropriete box. If resignation is as a y mark both boxes
	NAME	*Style/Title	MR			*Honours etc	BA, FCII
Please insert details as previously notified to Companies House.	ails	Forename(s)	STEPHE	N JOHN			
		Surname	BLEASE				
		Day	Month	Year			
		+ Date of Birth	15	09	1949		
If cessation		r than state reason					

* Voluntary details	s.
t Directors only.	

Signed

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.

A10 *A7WQXV4Z*	146
COMPANIES HOUSE 24/	04/97

M		Date	23.4.97
(by a serving director/secre	etary/adminstrator/administrative	receiver/receiv	or manager/receiver)
	P O BOX 62, ROSE		
	Tel 01603 69740	00 Fax 0	1603 697361
DX number	DX exchar	nge	

When you have completed and signed the form please send it to the Registrar of Companies at:

Opening House, Crown Way, Cardiff, CF4 3UZ

DX 33050 Cardiff

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

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh