

Resignation of director or secretary

Please complete in typescript, or in bold black capitals.

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	Compony	Numbai

Company Name in full

073658 L					 _
STRONGHOLD	INSURANCE	COMPANY	LIMITED	· · · · · · · · · · · · · · · · · · ·	 _

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Resignation	on		Day	Month	Year	
form	Date	e of resignation	14	04	1997	
	Resigna	tion as director	X	as secre	tary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes
	NAME	*Style/Title	MR			*Honours etc
Please insert det	ails	Forename(s)	WILLI	EDUARD		
as previously notified to		Surname	SCHURP	F		
Companies Hou	se.		Day	Month	Year	
		+ Date of Birth	15	12	1935	
If cessation	on is other	than				

* Voluntary details. † Directors only.

Signed

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

1	M	Date	23.4.
by a serving dir	ctor/secretary/adminstrator/administrative	receiver/receiv	er-manager/receiver)

DX number

Date

01603 697400 Fax 01603 697361

23.4.97

R E TOWNSEND, P O BOX 62, ROSE LANE, NORWICH, NR1 1JY

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.

resignation, please state reason

A10 *A7WQWV4Y* 145 COMPANIES HOUSE 24/04/97			
SOMBALITER HOUSE 24/84/9/	A12 **	EA7WQWV4Y*	145
	COMPANIE	E Uniter 24	/84/97

When you have completed and signed the form please	send it to the
Registrar of Companies at:	DV 220E0 Cardiff
Companies House Crown Way, Cardiff, CF4 3UZ	DX 33050 Cardiff

DX exchange

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales

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