

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

		1378853							
		Company Name in full			QBE REINSURANCE (UK) LIMITED				
	* F288BD40 *								
	Resignation form			Day	Month	Year			
)	101111	Date of resignation		15	11	96			
		Resignation as director		X	as secret		Please mark the ap	ppropriate box. If resignation I secretary mark both boxes.	
	Please insert details as previously notified to Companies Ho	NAME	*Style / Title	MR			*Honours etc		
			Forename(s)	PETER WILLIAM					
			Surname	DONOV	AN				
	Companies no	use.		Day	Month	Year			
			† Date of Birth	13	02	51			
	If cessation is other than resignation, please state reason								
		,						•	
							·	•	
					A serving director, secretary etc must sign the form below.				

* Voluntary details. † Directors only.

Signed

JAN 1

or

Date

etary / 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



Form revised March 1995

M D Greenhalgh

14 Fenchurch Avenue

LONDON EC3M 5BS

Tel 0171 398 8000

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

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

DX 235 Edinburgh