



# 288

## Change of director or secretary or change of particulars.

Company number

CN 1565099

Company name

ROYAL LIFE INSURANCE LIMITED

### Appointment

(Turn to next page for resignation and change of particulars)

Date of appointment

Appointment of director

Appointment of secretary

Name

\*Style/Title

Forenames

Surname

\*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/Region

Postcode

Date of birth+

Business occupation+

Other directorships+

Day Month Year

DA

CD

CS

AD

Country

DO

Nationality+

NA

OC

I consent to act as director/secretary of the  
above named company

Consent signature

Signed

Date

\*Voluntary details  
+Directors only

A serving director etc must also sign the form on page 2

**Resignation**

(This includes any form of ceasing to hold office eg death or removal from office)

Date of resignation etc

Resignation as director

Resignation as secretary

Forenames

Surname

Date of birth (*directors only*)

If cessation is other than resignation, please state reason (*eg death*)

Change of particulars

Date of change of particulars

Change of particulars, as director

Change of particulars, as secretary

Forenames } (*name previously notified to Companies House*)

Surname }

Date of birth (*directors only*)

Change of name  
(*enter new name*)

Forenames

Surname

Change of usual residential address  
(*enter new address*)

Post town

County/region

Postcode

Other change (*please specify*)

After signing, please return the form to the Registrar of Companies at Companies House, Crown Way Cardiff CF4 3UZ for companies registered in England and Wales, or Companies House 100-102 George Street Edinburgh EH2 3DJ for companies registered in Scotland

To whom should Companies House direct any enquiries about the information on this form?

DR

XD

XS

DO

DC 21 04 95

ZD X

ZS

MELVIN

WHITE

DO 08 02 37

NN

AD 38 The Kings Gap


HOYLAKE

Wirral

L47 1HF Country England

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

Signature

Signed  Date \_\_\_\_\_  
(by a serving director/secretary/administrator/  
~~administrative receiver/receiver~~)  
(delete as appropriate)

GROUP SECRETARIAL & COMPLIANCE  
ROYAL INSURANCE  
1 CORNHILL  
LONDON EC3V 3QR

Tel: 071 283 4300