

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

1655888

Company Name in full

HAMILTON INSURANCE COMPANY LIMITED



Resignation form

Date of resignation

Day Month Year

1 3 0 3 2000

Resignation as director

X

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)

CHOLMELEY JOSEPH

Surname

MESSER

†Date of Birth

Day Month Year

2 0 0 3 1929

If cessation is other than
resignation, please state reason

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

Signed

Date

30.03.2000

* 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.

C J Rivers, Secretary, Hamilton Insurance Company

Limited, North Street, Winkfield, Windsor, Berks SL6 4JL

Tel 01344 892435

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

