



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

2123239

Company Name in full

AMBASSADOR INSURANCE COMPANY LIMITED



* F288BD40 *

Resignation form

Date of resignation

Day	Month	Year
03	03	98

Resignation as director

☒

as secretary

☐

Please mark the appropriate box. If resignation
is as a director and secretary mark both boxes.

NAME

*Style / Title

MRS.

*Honours etc

Please insert
details as
previously
notified to
Companies House.

Forename(s)

LAUREL CLAIRE

Surname

POWERS-FREELING

†Date of Birth

Day	Month	Year
16	05	57

If cessation is other than
resignation, please state reason

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

* Voluntary details.
† Directors only.

Signed

S. S. Power

Date

01-03-98

(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.



A28 *APV8G4F1* 321
COMPANIES HOUSE 12/03/98

MS. S.N. O'CONNOR, 71 LOMBARD STREET, LONDON, EC3P 3BS

Tel

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