

Please complete in typescript, or in bold black capitals

CHANGE OF PARTICULARS for director or secretary (NOT for appointment (use Form 288a) or resignation (use Form 288b))

CHFP029	'	use i oilli zooa) oi ie.	signation (use i offit 200b))
	Company Number	2123239	
Company Name in full		AMBASSADOR INSURANCE COMPANY LIMITED	
Changes of particulars form	Complete in all cases	Date of change of particulars	Day Month Year 0 5 0 5 2 0 0 0
	Name *Style / Title	MR.	*Honours etc
	Forename(s)	GRAHAM WINSTON	· · · · · · · · · · · · · · · · · · ·
	Surname	FILLERY	
		Day Month Year	
Change of name	† Date of Birth Forename(s)	3 0 1 1 1 9 6 3	
Change of name (enter new name)	Surname		
Change of usual residential address (enter new address)		GREENOAK, MILL STREET, CAERL	
,	Post town	NEWPORT	
	County / Region Country	SOUTH WALES WALES	Postcode NP18 1BH
Other change	(please specify)		
		A serving director, secretary	etc must sign the form below.
* Voluntary details. † Directors only. **Delete as appropriate	Signed		Date 5/5/00
Please give the na telephone number a DX number and the person Compa	and, if available,	MS. S.N. O'CONNOR, 71 LOMBARD STREET	
contact if there is a			Tel 020 7356 1034
A12 *AZK3QBN* 0224 COMPANIES HOUSE 08/05/00		Registrar of Companies at: Companies House, Crown W for companies registered in Er	ngland and Wales or e Terrace, Edinburgh, EH1 2EB

Form revised July 1998