

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

Company Name in full

RESIGNATION of director or secretary

(NOT for appointment (use Form 288a) or
change of particulars (use Form 288c))

2199286

DIRECT LINE LIFE INSURANCE COMPANY LIMITED

Resignation form

Date of resignation

Day		Month		Year			
3	1	1	2	1	9	9	9

Resignation as director

☒

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)

MICHAEL DAVID

Surname

ROSS

† Date of Birth

Day		Month		Year			
0	9	0	7	1	9	4	6

If cessation is other than
resignation, please state reason

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

Signed

Kona H. P. P. P.

Date

6/1/2000

(** serving director/secretary/administrator/administrative receiver/receiver manager/receiver

* Voluntary details.

† Directors only.

** Delete as appropriate.

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.

3 EDRIDGE ROAD, CROYDON, SURREY, CR9 1AG

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



A26
COMPANIES HOUSE

0295
10/01/00