

Resignation of director or secretary

2199286

Please complete in typescript, or in bold black capitals.

Company Number

Company Name in full			DIRECT LINE LIFE INSURANCE COMPANY LIMITED						
*F288	BE60	*							į
Resignatio form		ه of resignation	Day	Month 07	Year				
	Resignation as director		х	as secre		Please mark the		-	
Please insert deta as previously notified to	NAME	*Style/Title	MR			*Honours et	С		
	ails	Forename(s)	JOHN NAPIER						
		Surname		ALLAN					
Companies House	e.		Day	Month	Year				
	+	+ Date of Birth		03	1947				
If cessatio resignation									
			A servji	ng director,	secretary	etc must sign	the form	below.	
* Voluntary details. † Directors only.		Signed	hon	a H. L	-tay	Di	ate _ ‹	3/8/9	7
	(by a serving director/secretary/administrator/administrative-receiver/receiver-manager/receiver)								
Please give the	3 EDRIDGE ROAD, CROYDON, SURREY, CR9 1AG								
telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.					Tel				
			DX number DX exchange						
A03 *AQHLUY71* 443 COMPANIES HOUSE 13/08/97			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						