

Company Number | 2221960

Signed

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

	Company	Name in full	ROYAI	L INSURA	VNCE H	OLDING	S PLO			
Resignation orm	1		Day	Month	Year					
	Dat	e of resignation	31	05	97					
	Resignation as director		X	as secre	tary		Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.			tion (es.
lease insert etails as reviously	NAME	*Style / Title	MR		·····			*Honours etc		
		Forename(s)	NICHOLAS CHARLES FAITHORN							
otified to ompanies Ho	use.	Surname	BARBER							
			Day	Month	Year					
†Date of Birt		†Date of Birth	07	09	40				·	
	ssation is o	other than ease state reason				J				
			A servii	ng direct	or, secr	etary etc	mus	st sign the for	m below.	

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.

* Voluntary details.

† Directors only.



Form revised March 1995

CORPORATE SECRETARIAL DE	PARTMENT, ROYAL & SUN ALLIANCE INSURANCE, 1 BARTHOLOMEW
LANE, LONDON, EC2N 2AB	
	Tel 0171-826 1185
DX number	DX exchange

Date

When you have completed and signed the form please send it to the Registrar of Companies at:
Companies House, Crown Way, Cardiff, CF4 3UZ
for companies registered in England and Wales or DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 Edinburgh