Printed and supplied by

21 St Thomas Street Bristol BS1 6JS Telephone: 0117 923 0600 Fax: 0117 923 0063 APPROVAL NUMBER CHA13

Company Number

Please complete in typescript, or in bold black capitals.

288b

Resignation of director or secretary

							
Co	ompany Name in full	Beite	sh A	HOITAIV!	INSURANCE	GROUP LIMITED	
* F 2 8 8							
200							
Resignation		Day N	Month	Year			
form	Date of resignation	OI (Or	96			
	Resignation as director		as secre	etary		opriate box. If resignation cretary mark both boxes.	
	NAME *Style / Title	Ma			*Honours etc		
Please insert details as previously	Forename(s)	Roy,	Αιγρ	EO	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
notified to Companies Hous	Surname	ELMS					
Companies riede	.	Day N	Month	Year			
	[†] Date of Birth	25	11	32			
lf cessa resigna							

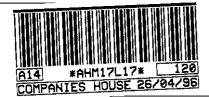
2512067

* Voluntary details.

† Directors only.

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.

Signed



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

Qlf.

Date

25(4(96

(by a serving director / secretary / administrator / administrative_receiver / receiver manager / receiver

Me D	LITTLEFAIR COMPANY SECRETARY
BAIG	FITZWILLIAM HOUSE TO ST MARY AXE
POMEON	EEBA 8EQ Tel 0171 369 221111
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