

Company Number

Please complete in typescript, or in bold black capitals.

Form revised March 1995

- 288b

Resignation of director or secretary

02772002

	ompany 3 0 1 9	Name in full	LOMBA	D Insure	INCE GROUP	PIC.	
Resignation form			Please mark the appropriate box. If resignation				
Diagon incom	NAME	*Style / Title	MR		*Honours etc	cretary mark both box	es.
Please insert details as previously notified to Companies House	Forename(s) REGIS PAUL MARIE BOOCHE Surname Day Month Year						
	ation is oth ation, pleas	†Date of Birth er than e state reason	18 08	24.			
			A serving director, secretary etc must sign the form below.				
* Voluntary details. † Directors only.		Signed	(by a serving directe	7	Date asstrator / administrative re	27/9/96, ceiver/receiver manag	jer / receiv er
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.			MR JAMES MANMING. Tel 01732 376 297.				
			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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in England and Wales

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh