

Please complete in typescript, or in bold black capitals

288b

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

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Company Number			28633	62						
Company Name in full			Masthead Insurance Underwriting PLC							
* F288	BD40 *			 -						
Resignatio	n									
OH	Date of resignation		Day 02	Month 02	Year 99	7				
	Resigna	X	<u>'</u>]	as secre	tary	. F	Please mark the s as a director	a appropriate box. If resignati and secretary mark both boxe		
Please insert details as previously notified to Companies Hou	NAME	*Style / Title	SIR *Honours etc					onours etc	GCMG, GCVO	
		Forename(s)	EWEN ALASTAIR JOHN							
	use.	Surname	FERGL	SSON						
			Day	Month	Year	\neg				
†Date of Birth If cessation is other than resignation, please state reason			28	10	32					
Voluntary details. Directors only.		Signed		ing direc	etor, sec	retary et INVESTEC GINVESTMENI MANAGERS I C J WEETER SECOND	UDNNESS FLIGHT T TRUST LIMITED	eign the for	m below. 2/2/1999	
			(by a serv	ing director /	secretary / e	idministrator /	/ administrat	i ve receiver / rec	eiver manager / receiver)	
Please give the name, address, selephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.			C J WISE, LIGHTERMANS COURT, 5 GAINSFORD STREET, LONDON, SE1 2NE							
				Tel 0171-505 1843						
				DX number DX exchange						
			When	you have	e comple	ted and s	signed th	e form pleas	se send it to the	

Registrar of Companies at:

for companies registered in Scotland

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales or

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

DX 33050 Cardiff

DX 235 Edinburgh

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COMPANIES HOUSE 16/02/99