

Please complete in typescript, or in bold black capitals

A11 \*ADACPIL1\* 397 COMPANIES HOUSE 04/08/99 Form revised July 1998

DX 33050 Cardiff

DX 235 Edinburgh

## **RESIGNATION** of director or secretary (NOT for appointment (use Form 288a) or change


CHEDOSO			of particulars (use Form 288c))								
CHFP029	Compan	y Number	2863362								
	Company Na	ame in full	Masthead Insurance Underwriting PLC								
										<u>,,,</u>	
Resignati	ion										
form		Day Mor	nth	Year							
	Date o	f resignation	0 3 0	8 1	9 9	9   9					
	Resignatio	n as director	X	as	s secre	tary		Please mark the approprial is as a director and secreta			
Please insert	NAME	*Style / Title	MR					*Honou	rs etc		
details as		Forename(s)	ROBIN ALE	XANDER	R MACDO	ONALD					
oreviously notified to Companies H	louse.	Surname	BAILLIE								
			Day Mor	nth	Year						
	†Date of Birth			8 1	9 3	3 3	_				_
if o											
			A serving	directe	or, sec				he for	m below.	
Voluntary details. Directors only.		Signed	asi				BC GUINNESS MENT TRUST WERS LINCTED B & Society	D	ate	3/8/199	7
* Delete as appropriate			(** serving <del>direc</del>	ter / secre	etary / <del>adn</del>			rativo receivo	er / <del>roceiv</del>	er manager / rec	<del>volver</del> )
			C J WISE, 2 GF	RESHAM S	STREET, L	ONDON,	EC2V 7QP				
elephone nu	he name, address mber and, if avail	able,					<u> </u>				7
DX number and Exchange of the person Companies House should contact if there is any query.							Te! 0	171-597 18	343		
			DX numbe	er				change			
	L	have o					n pleas	se send it to	the		

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales or

for companies registered in Scotland

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