Package:

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Appointment of director or secretary

Please complete in typescript, or in bold black capitals.

(NOT for resignation (use Form 288b) or change

288a

| or ar sold show deplate.   | of particulars (use Form 288c))                     |               |            |                           |                            |                           |               |                         |  |  |
|--|---|---------------|------------|---------------------------|----------------------------|---------------------------|---------------|-------------------------|--|--|
| Company Number   | 3095982   |               |            |                           |                            |                           |               |                         |  |  |
| Company Name in full   | THE SOCIET  | TY OF PE      | NSION      | CONSUL                    | TANTS                      |                           |               |                         |  |  |
| Dat  * F 2 8 8 A F 1 0 * appoints                                  | Day te of ment 31                                   | Month<br>10   | Year<br>95 | †Date                     | of Birth                   | Day                       | Month         | Year                    |  |  |
| Appointment Appointment as director form                           | x as s  | secretary     |            | Please ma<br>as a directo | rk the appr<br>or and secr | opriate box<br>etary mark | . If appointn | nent is                 |  |  |
| NAME *Style / Title  | N/A   |               |            | *Honours                  | etc                        |                           |               |                         |  |  |
| Notes on completion appear on reverse. Forename(s)                 | n/Å   |               | · ·        |                           |                            | · ,                       |               |                         |  |  |
| Surname  | e CLERICAL MEDICAL LIFE ASS. SOC.                   |               |            |                           |                            |                           |               |                         |  |  |
| Previous<br>Forename(s)  | N/A   |               |            | Prev<br>Surnam            | I N/                       | A                         |               |                         |  |  |
| Usual residential<br>address                                       | 15 ST JAMI  | ES' SQUA      | RE         |                           |                            | 3.5                       |               |                         |  |  |
| Post town  | LONDON  |               |            | F                         | Postcode                   | SW1#Y                     | 4LQ           |                         |  |  |
| County / Region  | Country   |               |            |                           |                            |                           |               |                         |  |  |
| †Nationality   | n/A †Business occupation N/A                        |               |            |                           |                            |                           |               |                         |  |  |
| †Other directorships (additional space overleaf)                   |   |               |            |                           |                            |                           |               | mpany                   |  |  |
| * Voluntary details. Consent signature t Directors only.           | FRA   |               | <i>,</i> ~ |                           | Date                       | 29                        | , 10.         | 96                      |  |  |
|  | A director, secretary etc must sign the form below. |               |            |                           |                            |                           |               |                         |  |  |
| Signed   | 1   | t             |            |                           | Date                       | 7/11                      | 96            |                         |  |  |
| **Please delete as appropriate                                     | (**/a director / se                                 | ecretary / ad | ministrato | or / administ             | rative rece                | iver/recei                | ver manager   | <del>/ receiv</del> er) |  |  |
| Please give the name, address, telephone number and, if available, | Peter Pri   |               |            |                           |                            |                           |               | ·                       |  |  |
| a DX number and Exchange of  | Beachcroft Stanleys                                 |               |            |                           |                            |                           |               |                         |  |  |
| the person Companies House should                                  | 20 Furnival Street London EC4A 1BN                  |               |            |                           |                            |                           |               |                         |  |  |
| contact if there is any query.                                     | London E  | CIR IDN       | Te         | el 017124                 | 12-1011                    |                           |               |                         |  |  |
|  | DX number DX: 45 DX exchange LONDON                 |               |            |                           |                            |                           |               |                         |  |  |
|  | When you ha<br>Registrar of Companies               | Companies     | at:        | -                         |                            |                           | end it to th  |                         |  |  |



Laserform International 1/96

for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

|                   | Company Number       |      |                                       | • |  |
|-------------------|----------------------|------|---------------------------------------|---|--|
| t Directors only. | †Other directorships |      | · · · · · · · · · · · · · · · · · · · |   |  |
|                   |                      |      |                                       | - |  |
|                   |                      |      |                                       |   |  |
|                   |                      |      |                                       |   |  |
|                   |                      | <br> |                                       |   |  |

## NOTES

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or preceded to it.

## Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.