

Please complete in typescript,  
or in bold black capitals.

CHFP010

**Company Number**

3194221

**Company Name in full**

Monument Insurance Management Limited

## Changes of particulars form

Complete in all cases

Date of change of particulars

Day	Month	Year
25	08	2000

**Name** \* Style / Title

Miss

\* Honours etc

Forename(s)

Clare Louise

Surname

Jenkins

† Date of Birth

Day	Month	Year
09	10	1970

## Change of name

(enter new name)

Forename(s)

Clare Louise

Surname

Weaver

## Change of usual residential address

(enter new address)

Post town

County / Region

Postcode

Country

## Other Change

(please specify)

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

**Signed**

C. Weaver

**Date**

10-10-00

(\*director/ secretary/ administrator/ administrative receiver/ receiver manager/ receiver)

\* Voluntary details.

† Directors only.

\*\* Delete as appropriate.

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.

5 Lloyd's Avenue, London, EC3N 3AE, England

Tel Tel: 0207 335 7300  
Fax: 0207 335 7301

DX number

DX exchange



A27  
COMPANIES HOUSE

0521  
22/11/00

When you have completed and signed the form please send it to the  
Registrar of Companies at:

**Companies House, Crown Way, Cardiff, CF14 3UZ**  
for companies registered in England and Wales

**DX 33050 Cardiff**

or

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

**DX 235 Edinburgh**