

## 288c

Please complete in typescript, or in bold black capitals.

CHFP010

Changes of

particulars

Change of name

(enter new name)

(enter new address)

**Other Change** 

\* Voluntary details.
† Directors only.
\*\* Delete as appropriate.

form

**Company Number** 

**Company Name in full** 

Complete in all cases

\* Style / Title

Forename(s)

† Date of Birth

Forename(s)

Surname

Post town

Country

Signed

County / Region

(please specify)

Surname

Name

Change of usual residential address

CHANGE OF PARTICULARS for director or secretary

3194221	
Monument Insurance Manag	rement Limited
Date of change of particulars 0	Day Month Year  1 0 3 2 0 0 0
Miss * }	Honours etc Bsc Hons, ACIS
Clare Louise	
Jenkins	
Day         Month         Year           0   9   1   0   1   9   7   0	
27 Scholars Walk	
Guildford	
Surrey	Postcode GU2 7TR
England	
A serving director, secretary etc	must sign the form below.
Muliin	Date /-3-2000
**director secretary/ administrator/ admin	nistrative receiver/ receiver manager/ receiver).
	n, EC3N 3AE, England
5 Lloyd's Avenue, London	-,
	0207 335 7300

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.



COMPANIES HOUSE 30/05/00

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

Companies House, Crown Way, Cardiff, CF4 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