

## 288b<sub>(ef)</sub>

## **Termination of Appointment of a Director or Secretary**

Company Name: AXERIA INSURANCE COMPANY LIMITED

*Company Number:* **04559805** 

Received for filing in Electronic Format on the: 12/09/2005



## Resignation Details

Position: **DIRECTOR** Date of Resignation: **01/07/2005** 

Name: PETER HINMAN FOLEY Date of Birth: 17/06/1947

## Authorisation

Authoriser Designation: DIRECTOR Date Authorised: 12/09/2005 Authenticated: Yes (E/W)