

## 288a

## **APPOINTMENT** of director or secretary

		At 1 Out 1 M. Ett 1 of an obtain of observating			
Please complete or in bold black		(NOT for resignation (use Form 288b) or change of particulars (use Form 288c))  05557458			
HFP010.	Company Number				
Co	ompany Name in full	E TRAVEL INSURANCE SERVICES LIMITED			
		Day Month Year Day Month Year			
ppointment	Date of appointment	0 8 0 9 2 0 0 5 Tate of 1 6 0 8 1 9 6 6			
	Appointment as director	X as secretary Please mark the appropriate box. If appointment as a director and secretary mark both boxes.			
opear on next age.	NAME * Style / Title	* Honours etc			
	Forename(s)	ANDREW WILLIAM JOHN			
	Surname	LAWRENCE			
	Previous	Previous			
	forename(s) Usual residential	15 RESTHARROW WAY, ST MARY'S ISLAND			
	address				
Post town  County / Region  † Nationality  † Other directorships (additional space next page)  Consent signature		CHATHAM MARITIME Postcode MEH 3HS			
		KENT Country UNITED KINGDOM			
		BRITISH † Business occupation CONSINITANT			
		DRAKEFIELD GROUP LIMITED			
		I consent to act as ** director /-secretary of the above named company			
		Date 8-9.05			
Voluntary details.		A director, secretary etc must sign the form below.			
† Directors only. ** Please delete as	appropriate Signed				
		(**a director / secretary / administrator / administrative receiver / receiver manager / receiver)			
Please give the name, address, telephone					
	available, a DX number and e person Companies House				
should contact if there is any query.		Tel			
		DX number DX exchange			
		When you have completed and signed the form please send it to the			
		Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF14 3UZ  DX 33050 Ca			

for companies registered in England and Wales

for companies registered in Scotland

10/10/05

COMPANIES HOUSE

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

DX 235 Edinburgh

Com	ıpan	v N	umb	er

05557458

† Directors only.

† Other directorships

DRAKEFIELD INSURANCE SERVICES LIMITED

DRAKEFIELD SERVICES LIMITED

E-GO SOFTWARE LIMITED

CLINICASSIST LIMITED

GTD SOLUTIONS LIMITED

## **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 succeeded 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.





Please complete in typescript, or in bold black capitals.

CHFP010

**Company Number** 

05557458

Company Name in full

E TRAVEL INSURANCE SERVICES LIMITED

List of other directorships

Schedule to form 288a

Name

ANDREW WILLIAM JOHN LAWRENCE

Company Name	Resignation
GO TRAVEL INSURANCE SERVICES LIMITED	
GOGAY LIMITED	
ALACRIS LIMITED	