

BR6

CHWP000

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

Company number

Company name

Branch name (if different to corporate name)

Return of change of person authorised to accept service or to represent the branch of an oversea company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

ZURICH INSURANCE COMP	PANY	
URICH INSURANCE COMP	PANY	

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

	Day	Month	Year	-
Date of termination	1 9	0 7	2 0 0 4	
Position vacated	✓ Pe	rson autho the compa	rised to accept service iny's behalf)
(Mark appropriate box(es))	Person authorised to represent the compan			

Name GEOFFREY MARTIN RIDDELL

Address CLIFF HOUSE, LECKHAMPTON HILL, CHELTENHAM,

GLOUCESTERSHIRE, GL53 9QP

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

(04/02)

P F WORTHINGTON

ZURICH INSURANCE COMPANY, THE ZURICH CENTRE,

3000 PARKWAY, WHITELEY, FAREHAM, HAMPSHIRE, PO15 7JZ

Tel. 01489 561611

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AU5 COMPANIES HOUSE 0742 22/09/04 ien completed, this form should be delivered to the address on page 4

APPOINTMENT Persons authorised to represent the company or who may accept service or process Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment. If the appointment is to both positions mark both boxes. ** Tick this box if the address shown is a

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.)

Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

* Style / Title	MR				
Forenames	PAUL FRANK				
Surname	WORTHINGTON 7 VICTORIA CLOSE				
Address #					
Post town	LOCKS HEATH				
	gion HAMPSHIRE Postcode SO31 9NT				
* AND/OR	norised to accept service of process on the company's behalf norised to represent the company in relation to that business Day Month Year				
Date of appo	ointment 1 9 0 7 2 0 0 4				
The authori	ty to represent the company is :-				
* AND/OR					
ls #					
These pow OR					

CHANGE OF	Day Month Year
PARTICULARS	- Day Works Tour
-	Date of
Most the appropriate	
Mark the appropriate box. If change relates	Change of particulars of person authorised to accept service
to both positions, mark	
both boxes.	Change of particulars of person authorised to represent the company
Change Name provincely	Forenames
Change Name previously notified to	Forenames
of name notified to Companies House	Surname
Companies Flouse	Sumame
	Forenemen
New name ◀	Forenames
New listile	Surname
	Surname
Change of residential address **	Address
(enter new address)	Address
†† Tick this box if the	
address shown is a	
service address for	Post town
the beneficiary of a	Post town
Confidentiality Order granted under the	County / Region Postcode
provisions of section	Journal of the state of the sta
723B of the	Country
Companies Act 1985	Country
Change of authority to act	
(this part does not apply to a	The extent of the authority of the above person to represent the company
person authorised to accept	has been altered to :- [give details]
service on behalf of the company)	
Cive brief particulars of any	
Give brief particulars of any change in the authority of	
the officer to represent the	
company, including any alteration	
to the manner in which the	
existing or new powers may	
be exercised (e.g. requiring	
them to be exercised with	The remains
other persons)	The powers :-
	# May be exercised alone
	OR OR
# Mark appropriate box	
,	# Must be exercised with: (Give name(s) of co-authorised person(s))
Signature	1/1/15/15
	Signed Halland Mark Ja
	* (director / Secretary
	/ Permanent represent)
	17/4/04.
* Delete as applicable	Date

When completed, this form should be delivered to :-

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardi **f** CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB

DX 235 Edinburgh or LP - 4 Edinburgh 2