

642(1)(b)

Return of alteration in the
directors or secretary of a Part
XXIII company or in their
particulars

for official use
attach barcode here

Photocopies of this form
will not be accepted

Please use upper
and/or lower case
letters exactly as you
intend them to appear
in Company name in
Black Ink.
Please leave a blank
box to indicate a
space.

Please complete all
remaining boxes on
this form legibly, in
CAPITAL LETTERS
and in Black Ink.
Please leave a blank
box to indicate a
space. Use a
separate row for
each address line.
Please do not fold
this form.

(Turn over page for
resignation and
change of
particulars.)

Please mark the
appropriate box. If the
appointment is as
director and secretary
mark both boxes.

Company number (e.g. FC 099999):

NF 000124 NF000124

Company name (in full):

NORWICH UNION INSURANCE LIMITED

Appointment

Date of appointment (DD/MM/YYYY):

☐ Appointment of director

☐ Appointment of secretary

Title:

* See Note 1

Forenames *:

Surname:

* See Note 1

Previous name *:

Usual residential address:

Address Line 1

Address Line 2

Post town

County/region

Postcode:

Country:

WEDNESDAY



J3D7CT28

JNI

30/07/2014

#141

COMPANIES HOUSE

Date of birth † (DD/MM/YYYY):

--	--	--	--	--	--	--	--

Nationality †:

[illegible]

Business occupation †:

[illegible]

Other directorships f:

☐ Yes ☐ No

‡ See Note 2

Other directorships detail £:

[illegible][illegible]

Consent signature

Signed:

Date (DD/MM/YYYY):

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A serving director etc. must also sign the form on page 4

(This includes any form of ceasing to hold office e.g. death or removal from office.)

Resignation

Date of resignation (DD/MM/YYYY):

3	1	1	2	1	9	9	4
---	---	---	---	---	---	---	---

Please mark the appropriate box. If resignation etc. is as director and secretary mark both boxes.

☐ Resignation etc. as director

☒ Resignation etc. as secretary

* See Note 1

Forenames *:

[illegible]

Surname:

[illegible]

Date of birth † (DD/MM/YYYY):

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If cessation is other than resignation please state reason (e.g. death):

[illegible][illegible]

† Directors only

Date of change of particulars (DD/MM/YYYY):

--	--	--	--	--	--	--	--

Please mark the appropriate box. If change of particulars etc. is as director and secretary mark both boxes.

• See Note 1

Names previously notified to Companies Registry.

☐ Change of particulars as director

☐ Change of particulars as secretary

Forenames *:

[illegible]

Surname:

[illegible]

Date of birth † (DD/MM/YYYY):

--	--	--	--	--	--	--	--

(enter new name).

Change of name:

* See Note 1

Forenames *:

[illegible]

Surname:

[illegible]

(enter new address).

Change of usual residential address:

Address Line 1

[illegible]

Address Line 2

[illegible]

Post town

[illegible]

County/region

[illegible]

Postcode:

--	--	--	--	--	--	--	--

Country:

[illegible]

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

† Directors only

Change of Particulars (continued)

Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a space. Use a separate row for each address line. Please do not fold this form.

Other change (please specify):

[illegible]

A serving director/secretary etc. must also sign the form below

Counter signature

A serving director/secretary etc. must also sign the form below

Signed:

Date (DD/MM/YYYY):

Authorized signatory

For and on behalf of Aviva Company Secretarial Services Limited

2	5	0	7	2	0	1	4
---	---	---	---	---	---	---	---

(by a serving director/secretary/administrator/administrative receiver). (Delete as appropriate)

**To whom should
Companies Registry
direct any enquiries
about the
information on this
form?**

Contact name:

[illegible]

Address:

Address Line 1[illegible]

Address Line 2

[illegible]

Post town

[illegible]

County/region

[illegible]

Postcode:



Tel:

[illegible]

Notes

1. Show all 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 address line.

Give previous forenames or surname except:

- for a married woman the name before marriage need not be given,
- for names not used since the age of 18 or for at least 20 years.

A peer or an individual known by a title may state the title instead of or in addition to the forenames and surname.

2. In the case of an individual who has no business occupation but holds other directorships, give particulars of them.

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years. Exclude any company which either is, or at any time during the past 5 years when the person was a director, was

- a parent company which wholly owned the company making the return
- a wholly subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company.