

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



J3D7CT1G

JNI

30/07/2014

#137

COMPANIES HOUSE

Date of birth † (DD/MM/YYYY):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Nationality †:

[illegible]

Business occupation †:

[illegible]

Other directorships †:

☐ Yes ☐ No

Other directorships detail ‡:

[illegible][illegible]

Consent signature

Signed:

Date (DD/MM/YYYY):

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

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

Resignation

Date of resignation (DD/MM/YYYY):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 6 | 1 | 0 | 2 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|

☒ Resignation etc. as director

☐ Resignation etc. as secretary

Forenames *:

[illegible]

Surname:

[illegible]

Date of birth † (DD/MM/YYYY):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 4 | 0 | 3 | 1 | 9 | 4 | 7 |
|---|---|---|---|---|---|---|---|

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

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | 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]

(or new address).

Change of usual residential address:

Address Line 1

[illegible]

Address Line 2

[illegible]

Post town

[illegible]

County/region

[illegible]

Postcode:

[illegible]

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:

R. Z. [Signature]

Date (DD/MM/YYYY):

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 5 | 0 | 1 | 2 | 0 | 1 | 4 |
|---|---|---|---|---|---|---|---|

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

Authorized signatory

For and on behalf of Aviva Company Secretarial Services Limited

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

Contact name:

[illegible]

Address:

[illegible]

Address Line 1

[illegible]**Address Line 2**

Past 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

- dormant
- 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.