



00250719

642 (1) (b)

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

This form should be completed in black

Company number

CN FL001149

Company name

THE NAVIGATORS AND GENERAL
INSURANCE COMPANY LIMITED

Appointment

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

Date of appointment

Appointment of director

Appointment of secretary

Name

*Style/Title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Usual residential address

Post town

County/Region

Postcode

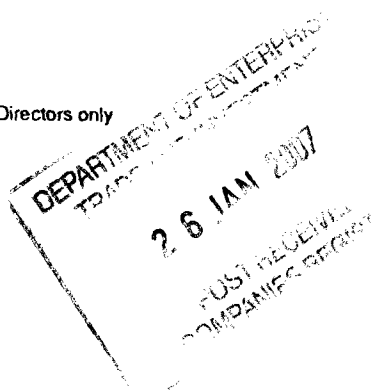
Date of birth†

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

Business occupation†
(if any), if none
other directorships.

*Voluntary details

†Directors only



Day Month Year

DA ☐ ☐ ☐ ☐ ☐ ☐

CD ☐ ☐

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

DEPARTMENT OF ENTERPRISE
TRADE AND INVESTMENT

7 FEB 2007

POST RECEIVED
COMPANIES REGISTRY

AD ☐

DO ☐ ☐ ☐ ☐ ☐ ☐

Nationality† ☐

OC ☐

OD ☐

A serving director etc must also sign the form overleaf.

Resignation

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

Date of resignation etc

Resignation etc. as director

Resignation etc. as secretary

Forenames

Surname

Date of birth (directors only)

If cessation is other than resignation, please state reason
(eg death)

CHANGE OF PARTICULARS

Date of change of particulars

Change of particulars, as director

Change of particulars, as secretary

Complete this section in all cases where particulars have changed and then the appropriate section below.

Forenames } (name previously notified to Companies Registry)
Surname }

Date of birth (directors only)

Change of name (enter new name)

Forenames

Surname

Change of usual residential address (enter new address)

Post town

County/Region

Postcode

Other Change

(please specify)

DR ☐

XD ☐

XS ☐

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

DO ☐

DC 116 11 016

ZD ☐

ZS ☒

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

MARGARET ANN
PORTER

DO ☐

NN ☐

AD THE ZURICH CENTRE
3000 PARKWAY

WHITELEY

FAREHAM, HAMPSHIRE

PO15 7JZ Country ENGLAND

A serving director/secretary/person authorised must also sign the form below

Signature

Signed

Date

23.1.7

(director/secretary/person authorised) (Delete as appropriate)

After signing please return the form to the Registrar of Companies at

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

~~100 House~~

~~64 Chichester Street, Belfast BT1 4JX~~

Mr D S Boyles
Zurich Insurance Company
7 Upper Queen Street
Belfast
BT1 6QD

028 9055 8849