642(1)(b) Return of alteration in the directors or secretary of a Part XXIII company or in their L

particulars

Photocopies of this form will not be accepted

1

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

Please complete all remaining boxes on this form legibly, in **CAPITAL LETTERS** and in Black lnk. Please leave a blank box to indicate a space. Use a separate row for each address line.

space.

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

Please do not fold this form.

Please mark the appropriate box. If the appointment is as director and secretary mark both boxes. Company number (e.g. FC 099999):

Co	m	pa	any	y n	am	e (i	n f	ull)) :																					
T	I	I	E		N	Α	v	I		G	Α	Т	o	R	s		A	N	D		G	E	N	E	R	A	L			
I	N	1	s	U	R	Α	N	C		E		С	o	М	P	Α	N	Y		L	1	M	I	Т	Е	D			I	
	Ι							Ι																					I	I
A	pŗ	0	in	tm	en	t																								
Da	ate	0	f a	ppo	oint	me	nt (DE.)/ N	/N	1/Y	YY	Y):																	

			• •				(CODIMINITYYY)	•
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	Appointment of director
\boxtimes	Appointment of secretary
Title) <u>.</u>

110	٠٠.		 	 	
M	R	S			

	MRS
Con Note 4	

Country:

See Mote 1	rolellatiles .
	MARGARET ANN
	Surname:

	PORTER
* See Note 1	Previous name *:

Usual	residential	address:
Couu	, ooldonida.	

	Usual residential address:
Address Line 1	THE ZURICH CENTRE
Address Line 2	3 0 0 0 P A R K W A Y , W H I T E L E Y
Post town	FAREHAM

County/region	HAMPSHIRE	

** * * * * *		 	
Postcode:			
P O 1 5	7 J Z		

Country.					
ENG	L A	N D			

,	Appointment (continued)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Please complete all remaining boxes on	Date of birth † (DD/MM/YYYY):		
this form legibly, in CAPITAL LETTERS and in Black Ink.			
Please leave a blank box to indicate a	Nationality †:		
space. Use a separate row for	ENGLISH		
each address line. Please do not fold this form.	Business occupation †:		
tius ioriii.			
	Other directorships †:		
	Yes No		
‡ See Note 2	Other directorships detail ‡:		
			٦
	Consent signature		
	Signed: Date (DD/MM/YYYY):		
]	
	A serving director etc. must also sign the form on page 4		
(This includes any form of ceasing to	Resignation		
hold office e.g. death or removal from office.)	Date of resignation (DD/MM/YYYY):		
onice.)			
Please mark the	Resignation etc. as director		
appropriate box. If resignation etc. is as director and secretary	Resignation etc. as secretary		
mark both boxes.	Forenames *:		
* See Note 1			
	Surname:		
	Date of birth † (DD/MM/YYYY):		
	If cessation is other than resignation please state reason (e.g. death):	1 1 -	Γ
			L
† Directors only			

Complete this section in all cases where	Change of Particulars	542(1)(b) Page 3
particulars have changed and then the appropriate section below, i.e. Change of name.	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	Change of particulars as director	
	Change of particulars as secretary	
boxes. * See Note 1	Forenames *:	, , , , , , , , , , , , , , , , , , ,
Names previously notified to		
Companies Registry.	Sumame:	
, and a second		
	Date of birth † (DD/MM/YYYY):	
(enter new name).	Change of name:	
* See Note 1	Forenames *:	
	Sumame:	
(enter new address).	Change of usual residential address:	
Address Line 1		
		
Address Line 2		
Post town		
County/region		
Diagon complete all	Postcode:	
Please complete all remaining boxes on this form legibly, in		
and in Black Ink. Please leave a blank	Country:	
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 (pleas	se specify):			
A serving director/se	cretary etc. must als	so sign the form be	elow	
Counter signat A serving director/s		also sian the form l	pelow	
Signed:	//		Date (DD/MM/YYY	Y):
	Why	ls.	2 0 0 6 2 0 0	7
(by a serving direct receiver). (Delete a	or/secretary/adminis s appropriate)	strator/administrati	ve	

After signing please return the form to: Companies Registry 1st Floor, Waterfront Plaza 8 Laganbank Road Belfast BT1 3LX

To whom should Companies Registry	Contact name:						
direct any enquiries about the information on this	MR STEPHEN BOYLES						
form?	Address:						
Address Line 1	ZURICH INSURANCE COMPANY						
Address Line 2	7 UPPER QUEEN STREET						
Post town	BELFAST						
County/region	NORTHERN IRELAND						
	Postcode:						
	B T 1 6 Q D						
	Tel:						
	0 2 8 9 0 5 5 8 8 4 9						

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.