

Please complete in typescript, or in bold black capitals

288b

DX 33050 Cardiff

DX 235 Edinburgh

Resignation of director or secretary

	103224									
Company Name in full			CHART INSURANCE SERVICES LIMITED							
* F28	88BD40 *									
Resignatio	n			B. 4 4 l-	V					
form			Day	Month	Year]				
	Date of resignation Resignation as director		15	03	96	Dlagg mark ti	Diagon mark the engagests have if regigns			
			X as secretary				Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.			
Please insert details as previously notified to Companies Ho	NAME	*Style / Title	MR			*Honours	etc			
		Forename(s)	JOHN MICHAEL							
	ouse.	Surname	PALMER							
		† Date of Birth	Day 02	Month 08	Year 59					
If ces resig										
* Voluntary details. † Directors only.		Signed		ng directo		tary etc must s	gn the	form below	v. (૧46	
				į.	1. \	administrator / admin	strative r	eceiver / receive	r manager / receive	
Please give the name, address telephone number and, if available, a DX number and exchange of the person Companies House should contact if there is any query			M.L. YOUNG							
			LEX HOUSE 17 CONNAUGHT PLACE							
			LONDON W2 2EL Tel 0171 705 1212							
			DX number DX exchange							
	When you have completed and signed the form please send it to the Registrar of Companies at:									

Companies House, Crown Way, Cardiff, CF4 3UZ

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in England and Wales

for companies registered in Scotland

Form revised March 1995

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COMPANIES HOUSE 15/04/96