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



COMPANIES HOUSE

Please use upper and/or lower case fellers exactly as you inlend them to appear

00308

Company number (e.g. FC 099999):

Disablish	
Black Ink. Please leave a blank	Company name (in full):
box to indicate a space.	NORWICH UNION LIFE SERVICES *
Please complete all	
remaining boxes on this form legibly, in CAPITAL LETTERS	LIMITED
and in Black Ink. isase leave a blank	
box to indicate a space. Use a separate row for	Appointment
ach address line. Hease do not fold this form.	Date of appointment (DD/MM/YYYY):
(Turn over page for resignation and	
change of particulars.)	Appointment of director
Please mark the appropriate box. If the appointment is as	Appointment of secretary
lirector and secretary	Title:
mark both boxes.	
* 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:

OR NOW AVIVA LIFE SERVICES UK LIMITED ,

	Appointment (continued)	642(1)(b) Page 2
Please complete all remaining boxes on this form legibly, in CAPITAL LETTERS and in Black Ink. Please leave a blank box to indicate a	Date of birth † (DD/MM/YYYY): Nationality †:	
space. Use a separate row for each address line.	Business accumation to	
Please do not fold this form.	Business occupation †:	
	Other directorships †:	<u> </u>
	Yes No	
‡ See Note 2	Other directorships detail ‡:	 -
(This includes any form of ceasing to hold office e.g. death or removal from office)	Consent signature Signed: Date (DD/MM/YYY) A serving director etc. must also sign the form on page 4 Resignation Date of resignation (DD/MM/YYYY):	(Y):
Please mark the appropriate box. If resignation etc. is as director and secretary mark both boxes. * See Note 1	Resignation etc. as director Resignation etc. as secretary Forenames *: WILLIAM NELSON	
	Surname:	
	ROBERTSON	
	Date of birth † (DD/MM/YYYY): 14121933 If cessation is other than resignation please state reason (e.g. death):	
		

† Directors only

		EXPENSE Page 1				
Complete this section in all cases where	Change of Particulars	642(1)(b) Page 3				
particulars have changed and then the	Date of change of particulars (DD/MM/YYYY):					
appropriate section below, i.e. Change of name.						
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.	Forenames *:					
* See Note 1 Names previously						
notified to Companies Registry.	Surname:					
registry.						
	Date of birth † (DD/MM/YYYY):					
(enter new name).	Change of name:					
* See Note 1	Forenames *:					
	Surname:					
icinier new address).	Character of court was identical addresses					
Address Line 1	Change of usual residential address:					
Address Line 1						
Address Line 2						
Post town						
County/region						
Please complete all	Postcode:					
remaining boxes on this form legibly, in CAPITAL LETTERS						
and in Black Ink. Tlease leave a blank	Country:					
 box to indicate a space. Use a 						
eparate row for each address line. Stease do not fold						
this form.						

† Directors only

Change of Particulars (continued)

Please complete attremaining 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/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):

25102013

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

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

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

Contact name:

t any enquiries about the	JAMES VINCE
mation on this form?	Address:
Address Line 1	AVIVA
Address Line 2	WELLINGTON ROW
Post town	YORK
County/region	

Postcode:

YOGO IWR

Tel:

01904 452790

Notes

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

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.