

Please complete in typescript, or in bold black capitals

## 288c

## Change of particulars for director or secretary

Company Number			36142			· ·				
Company Name in full			The Medical Protection Society Limited							
* F288CD40 *			Data of she			Day	Month	Year		
Changes of particulars	Complete in all cases		Date of cha	nge or p	earticulars	31	01	97		·
form	Name *Style / Title		DR			*Honou	rs etc			
		Forename(s)	MAURICE JAMES							
		Surname	HEALY							
	<b>Day</b> 1.	onth	Year 31							
Change of name (enter new name)	Forename(s)									
		Surname								
Change of usual residential address (enter new address)			Coleman's Farm,, Finchingfield,							
	ESSEX	-								
County / Region			Postcode CM7 4PE				7 4PE			
		Country		_						
Other change		(please specify)								
		ĺ	A serving d	irector,	secretary	etc mus	t sign the	form bel	ow.	
* Voluntary details. † Directors only.		Signed	N	The	ARI		Date		5.1997	'
Please give the n	ame adr				retary / admir	nistrator / ad	ministrative r	eceiver / reee	iver manager /-re	eceiver)
Please give the name, address, telephone number and, if available, a DX number and exchange of the person Companies House should			L J WHITTLE							
			50 Hallam Street							
contact if there is	LONDON W1N 5DE Tel 0171-637-0541									
	DX number DX exchange									
A34 *: COMPANIE	When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF4 3UZ  DX 33050 Cardiff for companies registered in England and Wales  Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB									
Form revised March	for companie				<b>J</b>		5 Edinburgh			