

Please complete in typescript, or in bold black capitals **CHFP029** 

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

	Comp	any Number	80623				<del>-</del>			
	Company	Name in full	Independ	ent Ir	nsuran	ice Con	npany Li	mited		
			Daγ <u>M</u>	lon <u>th</u>	V	ear				
Date of 1	termination	of appointment				10 1				
		as director		X as secretary			Please mark the appropriate box. If terminating appointment as a director and secretary mark both boxes.			
Please insert	NAME	*Style / Title	MR.					*Honours etc		
details as previously		Forename(s)	MICHAEL .	JOHN						
notified to Companies H	ouse.	Surname	BRIGHT							
		†Date of Birth	Day M	Month )   8		⁄ear  4  4				

*	Voluntary	detai	ls
t	Directors (	only	

\*\* Delete as appropriate

**Signed** 

A serving director, segretary etc must si	gn the for	m below.
1.	Date	15. 6

15. 6, 2001

(\*\* serving director / secretary / administrator / administrator

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.



Form revised 1999

MALCOLM AYLING, INDEPENDENT	INSURANCE, 5TH FLOOR, 2 MINSTER COURT, MINCING LANE
LONDON, EC3R 7XD	
	Tel 020 7623 8877
DX number DX 743	DX exchange

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

DX 33050 Cardiff

for companies registered in England and Wales or

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

for companies registered in Scotland

DX 235 Edinburgh