

Please complete in typescript, or in bold black capitals

Form revised March 1995

## 288b

## Resignation of director or secretary

	Comp	pany Number	1157474
Company Name in full		Name in full	United African Insurance Brokers Limited
* F288	BBD40 *		
Resignation form	1		Day Month Year
	Date of resignation		
	Resigna	ation as director	as secretary X  Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hor	NAME	*Style / Title	*Honours etc
		Forename(s)	LEO
	use.	Surname	MURPHY
	ssation is on the state of the	ease state reason	
* Voluntary details † Directors only.	s.	Signed	(by a serving-director-/ secretary / administrator-/ administrative-receiver-/ receiver-manager-/ receiver-
Please give the name, address,			MRS S J ABLIN, , TEN TRINITY SQUARE, LONDON, EC3P 3AX
telephone num a DX number a	ber and, if and Exchar	f available, nge of	
the person Companies House should contact if there is any query.		ouse should lery.	Tel 0171 481 7011
		I DENI FILEFIED	DX number DX exchange
A20 *A4ZZSSZV* 219 COMPANIES HOUSE 06/02/97			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 Cardifor companies registered in England and Wales  Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB  for companies registered in Scotland  DX 235 Edinburgh