

BLUEPRINT

OneWorld

288b

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

2014522

Company Name in full

CAPITAL BANK INSURANCE SERVICES LIMITED

Date of termination of appointment

Day	Month	Year
01	06	2006

as director

X

as secretary

Please mark the appropriate box. If terminating
appointment as a director and secretary mark both
boxes.

NAME

* Style / Title

* Honours etc

Please insert details as
previously notified to
Companies House.

Forename(s)

Robert Alan

Surname

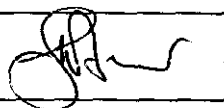
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† Date of Birth

Day	Month	Year
05	11	1968

A serving director, secretary etc must sign the form below.

Signed



Date

27/6/6

* Voluntary details.

† Directors only.

** Delete as appropriate.

(** serving director/secretary/administrator/administrative receiver/receiver manager/receiver)

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.

John M Butler - Halifax plc, LP4\Ph3\Group Legal

II&I, Trinity Road, Halifax, West Yorkshire, HX1 2RG

Tel

DX number

DX exchange



A55 *RBISQ6* 156
COMPANIES HOUSE in 28/06/2006

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