

APPOINTMENT of director or secretary

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

2284708

Company Name in full

AIB Insurance Agencies Limited

2284708

Appointment
form

Notes on completion
appear on next page

Appointment as director

NAME * Style / Title

Forename(s)

Surname

Previous
forename(s)Usual residential
address

Post town

County / Region

† Nationality

† Other directorships
(additional space next page)

Day Month Year

2 3 0 5 2 0 0 7

Day Month Year

† Date of
Birth

as secretary

X

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

* Honours etc

Tanya

Barry

Previous
surname(s)

4 Parklands Crescent

Maynooth

Postcode

Co Kildare

Country

Ireland

† Business
occupation

I consent to act as ~~director~~ ^{Director} secretary of the above named company

Consent signature

Tanya Barry

Date

23/5/2007

A director, secretary etc must sign the form below.

Signed

Tanya Barry

Date

23/05/07

(**a 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

Allied Irish Banks, p.l.c, Bankcentre, Ballsbridge,

Dublin 4, Ireland

Tel

DX number

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
for companies registered in England and Wales

or

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

for companies registered in Scotland

DX 33050 Cardiff

DX 235 Edinburgh

SATURDAY



A37

A9DF8YFW
29/03/2008
COMPANIES HOUSE

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