

# 288a

Please complete in typescript, or in bold black capitals.

CHFP010

**Company Number** 

### APPOINTMENT of director or secretary

(NOT for resignation (use Form 288b) or change of particulars (use Form 288c))

2414212

Co	Automobile Association Insurance Services Limited									
Appointment form	Date of appointment	Day M	onth	Year 2 0 0 5		Date of Birth	Day	Month 0 3	Ye	ear
Notes on completion appear on next page.	Appointment as director	х	a	as secretary		Please mai as a directo				
, ,	NAME * Style / Title				* Ho	nours etc	;			
	Forename(s)	Kevin M	orri	s						
	Surname	Sinclai	r		<u> </u>					
	Previous forename(s)				su	Previous rname(s)	1			
	Usual residential address	Kalafra	na,	12 Malvern	Dri	ve 				
	Post town	Woodfor	d Gr	een		Post	code	IG8 0J	W	
	County / Region	Essex				Co	untry			*****
	† Nationality	British				Business cupation	Com	pany Di	rector.	
(ad	† Other directorships ditional space next page)	See att	ache	d schedule						
•		I consent to	act a	as ** director / s	secre	etary of th	e abov	e named	l compa	ny

Consent signature



Date

7/5/05

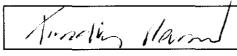
\* Voluntary details.

† Directors only.

\*\* Please delete as appropriate

Signed

A director, secretary etc must sign the form below.



**Date** 

11-5-2005

(\*\*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.

The Company	/ Secreta	ary The AA,	Sout	hwood E	Bast,	Apollo
Rise, Farnb	orough,	Hampshire,	GU14	WL0		
	Tel					
DX number		DX exchan	ge			



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

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

	Company Number	2414212
† Directors only.	† Other directorships	
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#### **NOTES**

Show the full forenames, NOT INITIALS. If the director or secretary is a corporation or Scottish firm, show the name on surname line and registered or principal office on the usual residential line.

Give previous forenames or surname(s) except:

- for a married woman, the name by which she was known before marriage need not be given.
- for names not used since the age of 18 or for at least 20 years.

A peer or individual known by a title may state the title instead of or in addition to the forenames and surname and need not give the name by which that person was known before he or she adopted the title or succeeded to it.

#### Other directorships.

Give the name of every company incorporated in Great Britain of which the person concerned is a director or has been a director at any time in the past five years.

You may exclude a company which either is, or at all times during the past five years when the person concerned was a director, was

- dormant
- a parent company which wholly owned the company making the return, or
- another wholly owned subsidiary of the same parent company.



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**Company Number** 

## List of other directorships Schedule to form 288a

2414212					
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**Company Name in full** 

Automobile Association Insurance Services Limited

Name

Kevin Morris Sinclair

AXA General Insurance Limited AXA Insurance PLC AXA Insurance UK PLC	28/01/200 28/01/200 28/01/200
AXA Insurance PLC	28/01/200
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