

## 288a

## APPOINTMENT of director or secretary

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

Please complete in typescript, or in bold black capitals.

CHFP055	Company Number	2882073
Co	ompany Name in full	ICHEM INSURANCE COMPANY LIMITED
	Data of	Day Month Year Day Month Year
	Date of appointment	1 9 0 1 2 0 0 4 †Date of Birth
	Appointment as director	as secretary     Please mark the appropriate box. If appointment is as a director and secretary mark both boxes.
Appointment form  Notes on completion appear on reverse.	NAME *Style / Title	*Honours etc
	Forename(s)	ЕММА
	Surname	PLATTS
	Previous Forename(s)	
	Previous Surname	
	Usual residential address	89 SISTERS AVENUE
	Post town	LONDON Postcode SW11 5SW
	County / Region	Country
	† Nationality	†Business occupation
	† Other directorships (additional space overleaf)	I consent to act as ** director / secretary of the above named company
	Consent Signature	<b>L flatt</b> Date 6-4-04
* Voluntary details. † Directors only.	Signed	A director, secretary etc must sign the form below.

(\*\*a director / se<del>creta</del>ry / a<del>dminist</del>

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Platts

20 Manchester Square

Company secretariat Manager

Emma

LONDON 410

\*\* Please delete as appropriate.

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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



**COMPANIES HOUSE** 

22/04/04

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

administrative receiver / receiver

Form revised July 1998