

BLUEPRINT

2000

288a

APPOINTMENT of director or secretary

Please complete in typescript,
or in bold black capitals.

CHFP010

Company Number

05557458

Company Name in full

E TRAVEL INSURANCE SERVICES LIMITED

Appointment form

Notes on completion
appear on next page.

Appointment as director

Date of appointment

Day	Month	Year
08	09	2005

Day	Month	Year
07	04	1986

† Date of Birth

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

☒ as secretary

NAME * Style / Title

* Honours etc

Forename(s)

JOHN ROBERT CHRISTIAN

Surname

YOUNG

Previous forename(s)

Previous surname(s)

Usual residential address

109 STREATHBOURNE ROAD

Post town

LONDON

Postcode SW17 8RA

County / Region

Country UNITED KINGDOM

† Nationality

BRITISH

† Business occupation

COMPANY DIRECTOR

† Other directorships
(additional space next page)

DRAKEFIELD GROUP LIMITED

I consent to act as ** director / secretary of the above named company

Consent signature

Date

8.9.05

* Voluntary details.

† Directors only.

** Please delete as appropriate

A director, secretary etc must sign the form below.

Signed

Date

8.9.05

(**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.

STANLEY DAVIS GROUP LIMITED, 41 CHALTON STREET,
LONDON, NW1 1JD

Tel: 020 7554 2222
Fax: 020 7554 2201

DX number 2103

DX exchange EUSTON

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ

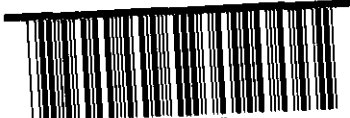
DX 33050 Cardiff

or for companies registered in England and Wales

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

for companies registered in Scotland

DX 235 Edinburgh



LD3
COMPANIES HOUSE

0357
10/10/05

Company Number

05557458

† Directors only.

† Other directorships

DRAKEFIELD INSURANCE SERVICES LIMITED

DRAKEFIELD SERVICES LIMITED

E-GO SOFTWARE LIMITED

CLINICASSIST LIMITED

GTD SOLUTIONS LIMITED

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.



**List of other directorships
Schedule to form 288a**

*Please complete in typescript,
or in bold black capitals.*

CHFP010

Company Number

05557458

Company Name in full

E TRAVEL INSURANCE SERVICES LIMITED

Name

JOHN ROBERT CHRISTIAN YOUNG

Company Name	Resignation
GO TRAVEL INSURANCE SERVICES LIMITED	
GOGAY LIMITED	
INDEPENDENT BUSINESS GROUP LIMITED	
B2BEXCHANGE LIMITED	
ALACRIS LIMITED	