

BR6

CHFP010

This form should be completed in black.

This notice must be delivered to the Registrar within 21 days of the alteration being made.

Company Number

Company Name

Branch Name

(If different to corporate name)

Return of change of person authorised to accept
service or to represent the branch of an oversea
company or of any change in their particulars

(Pursuant to Schedule 21A, paragraph 7(1) of the Companies Act 1985)

FC025710	Branch Number	BR007985	<u> </u>
ZURICH INSURANCE	IRELAND LIMITED		-01
		 	
<u></u>			

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Position vacated (Mark appropriate box(es))

Day Month

3 1 1 2 2 0 0 8

Year

Person authorised to accept service on the company's behalf

Person authorised to represent the company at the branch

Complete these details for resignation of any person authorised to accept service or process on the company's behalf or who was authorised to represent the company in relation to the business of the branch.

Name DAVID SEDGWICK HALL

Address THE ZURICH CENTRE,

3000 PARKWAY, WHITELEY,

FAREHAM, HAMPSHIRE PO15 7JZ

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.

M A PORTER

THE ZURICH CENTRE, 3000 PARKWAY,

WHITELEY, FAREHAM, HAMPSHIRE P015 7JZ

Tef:

A17 21/01/2009 COMPANIES HOUSE When completed, this form should be delivered to the address on page 4

APPOINTMENT Persons authorised to represent the company or who may accept service or process Give the name and address of the person appointed, together with the date of appointment. Mark the box(es) relevant to the appointment is to both positions mark both boxes.

†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985

* Delete as appropriate

SCOPE OF AUTHORITY

Give brief particulars of the extent of the powers exercised. (e.g. whether they are limited to powers expressly conferred by the instrument of appointment; or whether they are subject to express limitations.) Where the powers are exercised jointly give the name(s) of the person(s) concerned.

Mark box(es) as appropriate

· · · · · · · · · · · · · · · · · · ·			
*Style/Title			
Forenames GAVIN RUSSELL CAMERON			
Surname MUNNOCH			
Address †† THE ZURICH CENTRE, 3000 PARKWAY, WHITELEY			
Post town FAREHAM			
County/Region HAMPSHIRE Postcode PO15 7JZ			
Is authorised to accept service of process on the company's behalf			
*AND/OR			
Is authorised to represent the company in relation to that business Day Month Year			
Date of appointment 0 1 2 0 0 9			
The authority to represent the company is:-			
Is # 🗸 Authorised to accept service of process on the company's behalf			
*AND/OR			
Is # ✓ Authorised to represent the company in relation to that business			
The extent of the authority to represent the company is:- (give details)			
IN ACCORDANCE WITH A POWER OF ATTORNEY GIVEN BY ZURICH INSURANCE			
IRELAND LIMITED			
These powers:-			
# May be exercised alone			
OR			
# Must be exercised with:-			
(Give name(s) of co-authorised person(s))			



CHANGE OF ,	
PARTICULARS	Day Month Year
	Date of change
Mark the appropriate box. If change relates to both positions, mark both boxes. Change of	Change of particulars of person authorised to accept service Change of particulars of person authorised to represent the company
name	
Name previously notified to	Forenames
Companies House	Surname
Л	Forenames
New name	Surname
Change of residential address †† (enter new address)	Address
†† Tick this box if the address shown is a	Post town
service address for the beneficiary of a	County/Region Postcode
Confidentiality Order granted under the	Country
provisions of section 723B of the	The extent of the authority of the above person to represent the company has been altered
Companies Act 1985	to :- [give details]
Change of authority to act	
(this part does not apply to a person authorised to accept service on behalf of the company)	
Give brief particulars of any change in the authority of the officer to represent the company, including any alteration to the manner in which the existing or new powers may be exercised (e.g. requiring them to be exercised with other persons) # Mark appropriate box	The powers:- #
Signature	
Delete as applicable	Signed Stokhan Madden
renene az applicable	* (Director / Secretary / Permanent representitive)
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When completed, this form should be delivered to:-

For branches registered in England and Wales

For branches registered in Scotland

The Registrar of Companies Companies House Crown Way Cardiff CF14 3UZ The Registrar of Companies Companies House 37 Castle Terrace Edinburgh EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

