



BR4

Ret
regi
of their particulars

subject to branch
ors or secretary or

CHFP010

Please complete in typescript, or in
bold black capitals.

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

Company Number

FC025710

Branch Number BR007985

Corporate Name

ZURICH INSURANCE PUBLIC LIMITED COMPANY

Branch Name

(If different)

Resignation, etc.

(This includes
any form of
ceasing to hold
office e.g. death
or removal from
office).

Date of resignation etc.

Resignation etc. as director

Resignation etc. as secretary

Forenames

Surname

Date of birth (directors only)

(See note on page 4)

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

☐☐

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

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

This return is delivered in respect of all the branches listed on page 4

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.

L A STEVENS, THE ZURICH CENTRE, 3000 PARKWAY,

WHITELEY, FAREHAM, HAMPSHIRE PO15 7JZ

Tel

DX number

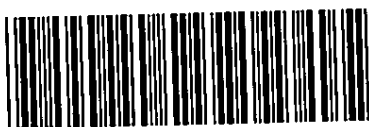
DX exchange

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

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff
for branches registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
for branches registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2



DSR

04/11/2009

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COMPANIES HOUSE

WEDNESDAY

(10/03)

Appointment

(Turn to page 3
to notify
alteration of
particulars)

Date of appointment

Appointment of director

Appointment of secretary

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
address line.

Give previous forenames
or surnames except:

- for a married woman the
name 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
surnames.

Name *Style/title

Forenames

Surname

*Honours etc

Previous forenames

Previous surname

Usual residential
address ††

Post town

County/region

Postcode

Country

☐

†† Do not tick this box unless 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

Day Month Year

†Date of birth

* Voluntary details

† Directors only

†Nationality

†Business Occupation

†Other directorships

Please list all other directorships

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 instruments of appointment, or
whether they are subject to express
limitations) where the powers are
exercised jointly, give the name(s) of the
person(s).

Mark as applicable

This return must be delivered to the Registrar within
21 days of the notice being received in Great Britain
in due course of post (if despatched with due
diligence)

These powers:-

☐ May be exercised acting alone

☐ Must be exercised with:-

(Give names of co-authorised person(s))

ALTERATION OF PARTICULARS

(this section is not for appointments or resignations)

Complete this section in all cases where particulars of a serving director / secretary have changed and then the appropriate section below

Date of change of particulars

Change of particulars, as director

Change of particulars, as secretary

Forenames (names previously notified to
Surname Companies House

Date of birth (directors only)

Change of name (enter new name) Forenames
Surname

Change of usual residential address †† (enter new address)

Post town

County / region

Postcode

Nationality

Change to authority to act (if applicable)

Give brief particulars of any change in the authority of a director to represent the company, including any alteration to the manner in which existing or new powers may be exercised (e.g. requiring them to be exercised with other persons.)

Mark as applicable

Day Month Year

2 8 0 9 2 0 0 9

☒☐

Please mark the appropriate box.
If change of particulars is as director and secretary mark both boxes

EOIN

WARD

Day Month Year

0 3 0 7 1 9 5 1

THE ZURICH CENTRE

3000 PARKWAY, WHITELEY

FAREHAM

HAMPSHIRE

PO15 7JZ Country ENGLAND

☒

†† Do not tick this box unless 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

IRISH

The extent of the authority of the above person to represent the company has been altered to:- (give details)

These powers:-

☐ May be exercised alone or

☐ Must be exercised with:-

(Give names of co-authorised persons)



List of other directorships Schedule to form BR4

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

CHFP010

Company Number

FC025710

Corporate Name

ZURICH INSURANCE PUBLIC LIMITED COMPANY

Name

Please list all other directorships

Company Name	Resignation