

CHWP000

This form should be completed in black.

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

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

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

Company number

FC025710

Branch number BR007985

Company name

ZURICH INSURANCE IRELAND LIMITED

Branch name

(if different to corporate name)

TERMINATION OF AUTHORITY

See overleaf for appointments and change of particulars

Date of termination

Day		Month		Year		
0	1	0	7	2	0	5

Position vacated

(Mark appropriate box(es))



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 MR ALAN CHARLES FAIRHEAD

Address 27 COTSWOLD AVENUE

IPSWICH

SUFFOLK, IP1 4LU

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.

(04/02)

MICHAEL J CHANDLER

THE ZURICH BUILDING, 90 FENCHURCH STREET

LONDON, EC3M 4JX

Tel. 0207 702 5743

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. If 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 MR

Forenames DAVID JOHN

Surname MARTIN

Address †† NIGHTINGALE FARMHOUSE, LONDON ROAD,
SOUTHBOROUGH

Post town TUNBRIDGE WELLS

County / Region KENT Postcode TN4 OUL

☒ 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

Date of appointment

Day		Month		Year		
0	1	0	7	2	0	5

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)

To manage the business of the Company through the UK Branch Office

and to represent the Company in relation thereto, pursuant to a Power

of Attorney approved by the Company's board of directors on

19 May 2005.

These powers :-

☒ May be exercised alone

OR

☐ Must be exercised with :-

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

CHANGE OF PARTICULARS

Mark the appropriate box. If change relates to both positions, mark both boxes.

Change of name

Name previously notified to Companies House

New name

Change of residential address ^{††} (enter new address)

^{††} 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

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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

Date of		Day	Month	Year
<input type="checkbox"/>	Change of particulars of person authorised to accept service			
<input type="checkbox"/>	Change of particulars of person authorised to represent the company			
Forenames _____				
Surname _____				
Forenames _____				
Surname _____				
Address _____				
Post town _____				
County / Region _____ Postcode _____				
Country _____				

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

The powers :-

☐ May be exercised alone

OR

☐ Must be exercised with : (Give name(s) of co-authorised person(s))

Signature

Signed *John Wane*

/ Permanent represent

* (director / ~~Secretary~~)

Date

14th July 2005

* Delete as applicable