



00093356

RY

BELFAST  
BT1 3BS

Tel: 0845 604 88 88  
Fax: 028 9090 5291  
Email: [info@companiesregistry.dednlgov.uk](mailto:info@companiesregistry.dednlgov.uk)  
Web: [www.companiesregistry.dednlgov.uk](http://www.companiesregistry.dednlgov.uk)

# 371s

## ANNUAL RETURN

Company Number: NI021330  
Company Name: AIB INSURANCE SERVICES (N.I.) LIMITED  
Company Type: 0 - NI PR LTD SH  
Date: 12 September 2005

Please mark  
appropriate box

There were no changes  
in the period

☒

A list of changes is  
enclosed

☐

A full list of members is  
enclosed

☐

The information printed below is taken from Companies Registry records as at the date shown. If this information requires amendment use the spaces provided. Please read the notes for guidance before completing the return.

### DATE OF THIS RETURN (See Note 1)

The information in this return should be made up to a date not later than

01/10/2005

DAY MONTH YEAR

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### DATE OF NEXT RETURN

If you wish to make up your next return to a date earlier than the anniversary of this return please show the date here. Companies Registry will then send a form at the appropriate time.

DAY MONTH YEAR

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### REGISTERED OFFICE (See Note 3)

This is the address registered by Companies Registry

4 QUEENS SQUARE  
BELFAST  
BT1 3DJ

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If the information shown needs amendment, give details below, and for secretary and director particulars, the date of any change.

PRINCIPAL BUSINESS ACTIVITIES  
(See Note 4)

9999-DORMANT COMPANY

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LOCATION OF REGISTER OF MEMBERS (See Note 5)  
This address must be in Northern Ireland

**AT REGISTERED OFFICE ADDRESS**

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LOCATION OF REGISTER OF DEBENTURE HOLDERS  
(See Note 6)  
This address must be in Northern Ireland

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Particulars of a new director or secretary  
must be notified on form 296 (See Note 7)

Company Secretary  
MARK JAMES  
ELLESMERE  
24 MOIRA DRIVE  
BANGOR  
DO BOWN  
BT10 4RW

Change of Address:

3 Cove Crescent

Greensport

BT19 6HN

If this person has ceased to be a secretary/  
director, please state when.

Particulars of a new director or secretary  
must be notified on form 296 (See Note 7)

Director  
KIERAN  
BENNETT  
13 CRANMORE PARK  
BELFAST  
CO ANTRIM  
BT9 6JF

DATE OF BIRTH: 05/05/1957  
NATIONALITY: IRISH  
OCCUPATION: BANK MANAGER

If this person has ceased to be a secretary/  
director, please state when.

Show any relevant current and previous  
directorships.

Director  
KEVIN PETER  
TIMONEY  
18 BROUGHSHANE ROAD  
BALLYMENA  
BT43 7DX

DATE OF BIRTH: 19/10/1956  
NATIONALITY:  
OCCUPATION: BANK EXECUTIVE

If this person has ceased to be a secretary/  
director, please state when.

Show any relevant current and previous  
directorships.

Resigned 22.08.05. New Director,

Sean McAule appointed 22.08.05  
A296 Filed

SHARE CAPITAL (See Note 8)

Enter details of all shares in issue at the date of this return.

Nominal Capital 10,000.00  
Paid Up Capital 2.00

CLASS	NUMBER	AGGREGATE VALUE
<u>ORDINARY</u>	<u>2</u>	<u>£2</u>
_____	_____	_____
_____	_____	_____
TOTALS	<u>2</u>	<u>£2</u>

The above details are those currently held on our records

LIST OF PAST AND PRESENT MEMBERS

(See Note 9)

(Use attached schedule and additional sheets where appropriate) A full list is required if one was not included with either of the last two returns.

ELECTIVE RESOLUTIONS (See Note 10)

(Private companies only)

If an elective resolution is in force at the date of this return to dispense with annual general meetings, mark the box. ☒

If an elective resolution is in force at the date of this return to dispense with laying accounts in general meetings, mark the box. ☒

CERTIFICATE

I certify that the information given in this return is true to the best of my knowledge and belief.

SIGNED

M. E. Wilson

Secretary/Director  
(delete as appropriate)

DATE

23/9/05

Cheques should be made payable to the Department of Enterprise, Trade and Investment (DETI)

This return includes  
Continuation sheets \_\_\_\_\_

To whom should Companies Registry direct any enquiries about the information shown in this return?

SARA WILSON

FIRST TRUST BANK

LEGAL DEPT.

Tel 90479310 Ext \_\_\_\_\_

# SCHEDULE TO FORM 371s

COMPANY NUMBER: NI021833

COMPANY NAME: AIB INSURANCE SERVICES (N.I.) LIMITED

## LIST OF PAST AND PRESENT MEMBERS

### Account of Shares

NAME AND ADDRESS	Number of shares or amount of stock held by existing members at date of this return	Particulars of shares transferred since date of last return, or in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members		Remarks
		Number	Date of registration of transfer	

# SCHEDULE TO FORM 371s

## LIST OF PAST AND PRESENT MEMBERS

	Account of Shares			
	Number of shares or amount of stock held by existing members at date of the return	Particulars of shares transferred since date of last return, or in the case of the first return, since the incorporation of the company, by (a) persons who are still members (b) persons who have ceased to be members		
NAME AND ADDRESS		Number	Date of registration of transfer	Remarks