



00159759

296

Change of director or secretary or change of particulars

This form should be completed in black

Company Number

Company Name

CN NI 21833

AIB INSURANCE SERVICES (NI) LIMITED

Appointment

(Turn over page for resignation and change 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 surname 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 an individual known by a title may state the title instead of or in addition to the forenames and surname.

Other directorships

Give the name of every company of which the person concerned is a director or has been a director at any time in the past 5 years, exclude a company which either is, or at all times during the past five years when the person was a director, was

- dormant
- a parent company which wholly owned the company making the return
- a wholly owned subsidiary of the company making the return
- another wholly owned subsidiary of the same parent company

Consent Signature

* Voluntary details

† Directors only

DA

CD

CS

Please mark the appropriate box.

If the appointment is as director and secretary mark both boxes.

Name *Style/Title

Forenames

Surname

Previous forenames

Previous surname

Usual residential address

Post town

County/Region

Postcode

Date of birth†

Business occupation†

Other directorships†

AD

DO

OC

Nationality†

NA

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

Signed

Date

A serving director etc. must also sign the form overleaf.

Resignation

(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)

If cessation is other than resignation, please state reason (e.g. death)

CHANGE OF PARTICULARS

Complete this section in all cases where particulars 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 Companies Registry)
Surname }

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

Other Change (please specify)

DR

XD

XS

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

DO

DC 20 02 2006

ZD

ZS x

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

MARK JAMES

ELLESMERE

DO

NN

AD 16 COVE HILL

GROOMSPORT

COUNTY DOWN

BT19 6HU

Country NORTHERN IRELAND

A serving director / secretary etc. must also sign the form below

Signature

Signed Sean Mc Ardle Date 20/2/06
(by a serving director / secretary / administrator / administrative receiver). (Delete as appropriate)

After signing please return the form to the Registrar of Companies at

Waterfront Plaza, 8 Laganbank Road,

To whom should Companies Registry direct any enquiries about the information shown on this form?

SARA WILSON/MARK ELLESMERE, FIRST TRUST BANK

92 ANN STREET

BELFAST

Postcode BT1 3AY

Telephone 028 90479310

Extension