

Please complete in typescript, or in bold black capitals.

288c

CHANGE OF PARTICULARS for director

or secretary(NOT for appointment (use Form

CHFP000	288a) or resignation (use Form 288b))				
	Company Number	1655888			
Co	ompany Name in full	Hamilton Insurance Com	on Insurance Company Limited		
			Day Month	Year	
Changes of particulars	Complete in all cases	Date of change of particulars	1 5 0 7 2	0 0 4	
form	Name *Style / Title	Mr.	*Honours etc		
	Forename(s)	Stephen James			
	Surname	Young Day Month Year			
	† Date of Birth				
Change of name	(enter new name) Forename(s))			
	Surname				
Change of usual residential address (enter new address)		25 Woodville Gardens			
	Post town	Ealing			
	County / Region	London	Postcode	W5 2LL	
	Country	United Kingdom			
Other change	(please specify))			
		A serving director, secretary	etc must sign the	form below.	
* Voluntary details. † Directors only.	Signed		Date	15.07.04	
Delete as appropria	ue.	(director / secretary / administrator / ad	frainistrative receiver / rece	i ver manage r / receiver)	
Please give the name, address, telephone number and, if available, a DX number and Exchange of		Mr. C.J. Rivers, Company Secretary, Hamilton Insurance			
	panies House should	Company Limited, North	Street, Winkfi	eld, Windsor, Berks	
contact if there is		Te	el		
		SL4_4TD 01344_892435 DX number DX exchange			
		When you have completed and signed the form please send it to the Registrar of Companies at:			
TA A27 COMPANIES	#AFJMQNZF# 0301 HOUSE 21/07/04				

for companies registered in Scotland

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

Form revised July 1998