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Please complete in typescript, or in bold black capitals. CHWP000			or appo	- •	nt (us	se For	m 288a	a) or ch	_
Company Number		5	8017	81					
Company Name in full		FLAG INSURANCE (BROYERS) LIMITED							
į		Day Mo	nth Y	/ear					
Date of termination of appointment		11601	9 210	1019					
•	as director	$\overline{}$	as se	ecretary			nt as a direct	priate box. If to tor and secret	
NAME *S	tyle / Title	N	R		*Hone	ours etc			
Please insert details as previously	rename(s)	Da	1410	2°H	7				
notified to Companies House.	Surname	C	RAIN	GER					
·	ite of Birth		, ,	Year					
		A serving	director,	secretary	etc m	ust sign	the form	below.	

A serving directo		^	ı sıgn uı	e ioiiii be	:IOW.
Alte	rll	Day	Date	16*S	ptember'09

oluntary details.	Signed
uiuniaiv oeiais.	

† Directors only.
** Delete as appropriate

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.

PC₁ 19/09/2009

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Registrar of Companies at:

DX number

When you have completed and signed the form please send it to the

Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England and Wales

Tel

DX exchange

DX 33050 Cardiff

ОГ

Companies House, 139 Fountainbridge, Edinburgh, EH3 9FF for companies registered in Scotland

actor / secretary / administrator / administrative receiver / receiver manager / receiver)

DX 235 Edinburgh or LP - 4 Edinburgh

COMPANIES HOUSE