

Please complete in typescript, or in bold black capitals

## 288b

## Resignation of director or secretary

| Company Number  Company Name in full            |                               |                             | 2065            |  |                            |                         |   |                   |  |
|---|-------------------------------|-----------------------------|-----------------|--|----------------------------|-------------------------|---|-------------------|--|
|   |                               |                             | LLOYDS BANK PLC |  |                            |                         |   |                   |  |
| * F28   | 38BD40 *                      |                             |                 |  |                            |                         |   |                   |  |
| Resignatio                                      | n                             |                             |                 |  |                            |                         |   |                   |  |
| form  |                               |                             | Day             | Month                                    | Year                       |                         |   |                   |  |
|   | Date of resignation           |                             | 02              | 05                                       | 96                         |                         |   |                   |  |
|   | Resignation as director       |                             |                 | as secre                                 | tary X                     |                         | appropriate box. If<br>and secretary mark |                   |  |
|   | NAME                          | *Style / Title              | MR              |  |                            | *Honours et             | c   |                   |  |
| Please insert<br>details as<br>previously       |                               | Forename(s)                 | LUKE            | HENRY W                                  | ALTER                      |                         |   |                   |  |
| notified to<br>Companies Ho                     | use.                          | Surname                     | MARCH           | <br>                                     |                            |                         |   |                   |  |
|   |                               |                             | Day             | Month                                    | Year                       |                         |   |                   |  |
| † Date of Birth                                 |                               |                             |                 |  |                            |                         |   |                   |  |
|   | ssation is ot<br>nation, plea | her than<br>se state reason |                 |  |                            |                         |   |                   |  |
|   |                               |                             |                 |  |                            |                         |   |                   |  |
|   |                               |                             | A servir        | ng di <b>reg</b> to                      | r, secreta                 | ry etc must sig         | n the form below                          | w.                |  |
| * Voluntary details.  † Directors only.  Signed |                               |                             | W               | KY                                       | ahl                        | er o                    | ate 2(5                                   | 196               |  |
|   |                               |                             | (by a servi     | ng <del>directo</del> r / s              | ecretary / a <del>dr</del> | ministrator-/-administ  | rative receiver / receiv                  | er manager / rece |  |
| Please give the                                 | e name, ado                   | lress                       | M.R.            | HATCHER                                  |                            |                         |   |                   |  |
| telephone num<br>a DX number a                  |                               | per and, if available,      |                 | Secretary's Department 71 Lombard Street |                            |                         |   |                   |  |
| the person Co<br>contact if ther                | mpanies Ho                    | use should                  |                 | ON EC3P                                  | •                          | <sup>rel</sup> 0171 356 |   |                   |  |
|   |                               | 7                           | DX nun          |  |                            | DX exchange             |   |                   |  |

Registrar of Companies at:

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

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, Crown Way, Cardiff, CF4 3UZ

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

for companies registered in England and Wales

for companies registered in Scotland

Form revised March 1995

COMPANIES HOUSE 04/05/96