

Please complete in typescript, or in bold black capitals

## 288b

## Resignation of director or secretary

	Company Number	36142		
	Company Name in full	The Medical Protection Society Limited		
* F28	38BD40 *			
Resignatio	n			
form		Day Month Year		
	Date of resignation	21 05 97		
	Resignation as director	X as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.		
Please insert details as previously notified to Companies Ho	NAME *Style / Title	Dr *Honours etc 0.B.E.		
	Forename(s)	Howard		
	Surname use.	Baderman		
		Day Month Year		
	† Date of Birth	12   11   34		
lf ces resigi	sation is other than nation, please state reason	Retirement		
		A serving director, secretary etc must sign the form below.		
* Voluntary details. Directors only.	Signed	Mhore Date 27. 5. 1997		
		(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver).		
Please give the name address		I J WHITTIF		

Please give the name, address telephone number and, if available, a DX number and exchange of the person Companies House should contact if there is any query



Form revised March 1995

L J WHITTLE		
50 Hallam Street		
LONDON W1N 5DE	Tel 0171-637-0541	
DX number	DX exchange	

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff for companies registered in England and Wales or

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

for companies registered in Scotland

DX 235 Edinburgh