

**Company Number** 

42000

Please complete in typescript, or in bold black capitals

## 288b

## Resignation of director or secretary

Company Name in full			Claridge's Hotel Limited						
* F28	8BD40 *								
Resignation	n								
form			Day	Month	Year	I			
	Date of resignation		31	12	96				
Resignation as director							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	The V	iscount		*Honours e	*Honours etc		
		Forename(s)	William Waldorf						
	use.	Surname	Astor						
			Day	Month	Year	1			
		† Date of Birth	27	12	51				
If cessation is other than resignation, please state reason									
* Voluntary details.			A servin	g directo	r, secreta	ary etc must si	_	form below.	
† Directors only.	Signo	Signed	/by a servin	A director (	ecretary / a		Date strative r	eceiver / receiver manager / receiver)	
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			P.E. Puddefoot						
			1 Savoy Hill						
			LONDON WC2R OBP Tel 0171 420 2435						

DX number

legistrar of Companies at:

DX exchange

DX 33050 Cardiff

DX 235 Edinburgh

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

Companies House, Crown Way, Cardiff, CF4 3UZ

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

or companies registered in England and Wales

for companies registered in Scotland

Form revised March 1995