Package:

'Laserform'

by Laserform International Ltd.

288b

Regionation of director or secretary

Please complete in typescript, or in bold black capitals.		(NOT for appoint of particulars (us	ment (use Fo	orm 288a) or change	9	
	Company Number	183035				
Company Name in full		The Hospital Saving Association Limited				
* F 2 8 8	B F 1 0 *					
Resignation		Day Month	Year			
form	Date of resignation	01 11	1999			
	Resignation as director	as secre	etary X	Please mark the appro	priate box. If resignation is tary mark both boxes.	
Please insert details as previously notified to Companies House	NAME *Style / Title	Mr		*Honours etc MA	(Cantab)	
	Forename(s)	James Alfred				٦
	se. Surname	Young				
	†Date of Birth	Day Month	Year			
If cessation is other than resignation, please state reason						
* Voluntary details. † Directors only.	Signed	2/	or, secretary	etc must sign the	form below.	_
i Diroctoro only.	_	0 00			elver/receivermanager/receive]
telephone numbe	e name, address, er and, if available, and Exchange of	Allen & Overy	y (Ref: SI	AF)		

DX number DX:

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the person Companies House should contact if there is any query.



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

DX exchange

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

Tel 0171 330 3000

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh

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