

Please complete in typescript

DECIGNATION of director or

or in bold black capitals.			(NOT for appointment (use Form 288a) or change of particulars (use Form 288c))							
	Compa	ny Number	1830)35						
Company Name in full			THE HOSPITAL SAVING ASSOCIATION LIMITED							
¥ F 2 8 8	B 0 1	 								
Resignation	Date of resignation		Day	Month	Year					
Please insert details as previously notified to Companies Hous	Resignation as director		19 ×	10 a	99 s secretary				propriate box. If re secretary mark bo	
	NAME	*Style / Title	Mr			*Hor	nours etc	. 1212	*****	
		Forename(s)	Harry	7 Ronald	l					
	Surname		Fuller							
Companies Flous	†Date of Birth		Day 29	Month 10	Year 27					
If cessation is other than resignation, please state reason			Retir	rement						
			A servi	ng directo	or, secreta	ry etc m	ust sign the	e fori	n below.	
* Voluntary details.		Signed	(j. H	farri		Date	1	Novembe	१९५५
† Directors only.			(by a servin	gd ireet or/se	ecretary / a dmi	nistrato r / a	d ministrativo rec	eive r/	reo eiver managor	/ receiver)
Please give the telephone number a DX number a the person Comp	er and, if a and Exch anies Hous	vailable, ange of								
contact if there is any query.			Tel							
	DX number DX exchange When you have completed and signed the form please send it to the Registrar of Companies at:									

A04 *AV39TL72* 293 COMPANIES HOUSE 06/11/99

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

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

for companies registered in Scotland

DX 235 Edinburgh