

Company Number

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Co	ompany Name	in full THE S	elvices Sov	NOTELL GND GND	
		colli	Colloration		
* F 2 8 8 E					
Resignation			Month Year		
form	Date of resign	nation 01	08 97		
	Resignation as	irector 🕌	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 House.	NAME *Style	/Title Conn	o DoR E	*Honours etc	
	Foren	ime(s) Roll	1 MILLIC	: AN	
		rname Turk	NER		
·		Day	Month Year		
	†Date	of Birth	08 47		
	tion is other than tion, please state	eason			

00407270

* Voluntary details.

† Directors only.

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

A serving director, secretary etc must sign the form below.

Date Signed

Aucrost 1917

(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver

CHALFONT ST. PETER Tel O Id da BUCKS SL987A 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