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Termination of Appointment of a Director or Secretary

Company Name: THE CAMBRIDGE AND COUNTY FOLK MUSEUM

Company Number: **00412205**

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Resignation Details

Position: **DIRECTOR** Date of Resignation: **01/10/2006**

Name: SAMUEL JOHN AGNEW Date of Birth: 10/09/1941

Authorisation

Authoriser Designation: DIRECTOR Date Authorised: 08/01/2008 Authenticated: Yes (E/W)