

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

Company Number Company Name in full			474958	8								
			DALES	S PHARM	1ACEUT	ICALS	LIMITE	D				
* F288]	BD40 *											
Resignation form	1		Day	Month	Year							
	Date	Date of resignation		01	97							
		tion as director	Х	as seci	etary						If resignation both boxes	
Please insert details as previously notified to Companies Hou	NAME	*Style / Title	MR					*Honours etc				
		Forename(s)	RICHAR	RD GILL								
	se.	Surname	TURNER									
			Day	Month	Year	7						
†Date of Birth			21	10	43							
If cess resign												
		A serving director, secretary etc must sign the form below.										
* Voluntary details. Signed		J	Mhl	ŕ—				ate	2 4 FE	B 1997		
			(by a s ervi	ng director /	secretary / a	adm inistr	ator / ad mir	ristrative rec	ceiver / re	eeiver mana	iger / recei ver	i)
Please give the i telephone numb a DX number an	ANDREW	/ NASH, LLO	YDS CHEMI:	STS PLC,	, BLACKWO	DOD ROAD,	DOSTHIL	L, TAMWOR	RTH, 877 1JB			

DX number

gistrar of Companies at:

._r companies registered in Scotland

Tel

mpanies House, Crown Way, Cardiff, CF4 3UZ

companies registered in England and Wales or

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

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

DX exchange

DX 33050 Cardiff

DX 235 Edinburgh

Form revised infancti 1990

the person Companies House should

contact if there is any query.