

Please complete in typescript,

Terminating appointment as director or secretary

| or in bold black capitals<br>CHWP000<br>Company Number |           | of particulars (use Form 288c)) |          |              |            |          |   |
|--|-----------|---------------------------------|----------|--------------|------------|----------|---|
|  |           | 69                              | 7641     |              |            |          |   |
| Company Name in full                                   |           |                                 | TU       | FUND         | MA         | 14GERS   | HMITED  |
|  |           |                                 |          |              |            |          |   |
|  |           |                                 | Day Mont | th Year      |            |          |   |
| Date of termination of appointment                     |           |                                 | 1010     | 200          | 8          |          |   |
|  | as direct |                                 |          | as secretary | y   a      |          | opriate box If terminating<br>ctor and secretary mark |
|  | NAME      | *Style / Title                  | MR       |              | *Hono      | ours etc | <u>.                                    </u>          |
| Please insert<br>details as<br>previously              |           | Forename(s)                     | AND      | REW          |            |          |   |
| notified to<br>Companies Hou                           | se        | Sumame                          | Cun      | VINGH        | AM.        |          |   |
|  |           | †Date of Birth                  | Day Mon  | th Year      | 3          |          |   |
|  |           |                                 | <u> </u> |              | <u>~</u> ] |          |   |
|  |           |                                 |          |              |            |          |   |

| A serv | ing director, | secretary | etc must | sign the | form below. |
|--------|---------------|-----------|----------|----------|-------------|
|        |               |           | •        |          |             |

| * | Voluntary | details |
|---|-----------|---------|
|   |           |         |

(\*\* serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

**Date** 

TU FUND MANAGERS

You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form The contact information that you give will be visible to searchers of the public



A21

31/10/2008

**COMPANIES HOUSE** 

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Signed

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, CF14 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 or LP - 4 Edinburgh

Form revised 10/03

<sup>†</sup> Directors only

<sup>\*</sup> Delete as appropriate