

Please complete in typescript, or in bold black capitals.

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288c

CHANGE OF PARTICULARS for director

or secretary (NOT for appointment (use Form

CHWP000		288a) or resignation (use Form 288b))		
	Company Number $ig[$	933932		
Con	npany Name in full	BATH INSTITUTE	BATH INSTITUTE OF MEDICAL	
		ENGINEERING LIMITED		
			Day Month Year	
Changes of particulars	Complete in all cases	Date of change of particulars	011102001	
	Name *Style / Title	DR	*Honours etc	
	Forename(s)	PETER		
	Surname	LAWES Day Month Year		
	† Date of Birth	Day Month Year 2 3 0 7 1 9 4 7		
Change of name (enter new name) Forename(s)				
Surname				
Change of usual residential address (enter new address) Post town County / Region		PLASHERS MEAD, THE GREEN		
		HOLYPORT		
		BERKSHIRE	Postcode SL6 2JN	
	Country	UK		
Other change	(please specify)			
		A serving director, secretary	y etc must sign the form below.	
* Voluntary details. † Directors only.	Signed	Eus	Date 3 to on	
Delete as appropriate	ate.	(director secretary / administrator / a	dministrative receiver / receiver manager / receiver)	
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.		CLARE HENDERSON, HONASST SECRETARY		
		UNIVERSITY OF BATH BATH BAZ 7AY		
		Tel 01225 323400		
		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

for companies registered in Scotland

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

DX 235 Edinburgh

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05/10/01

COMPANIES HOUSE

Form revised July 1998