

Please complete in typescript, or in bold black capitals.

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

	Com	pany	Num	ber
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967763

Company Name in full

THE MOTOR INSURANCE REPAIR RESEARCH

CENTRE

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			-			
Resignation form	Date of resignation		Day Mo	onth Yea		
	Resigna	ation as director	as	secretary		Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	mR			*Honours etc
Please insert details as previously notified to Companies House		Forename(s)	WILLIA	JT MF	ЭHN	<i>f</i>
	e.	Surname	DUNH	AM		
			Day Mo	onth Yea	ır	
		[†] Date of Birth	03 1	1 43	3	
If cessation is other than						

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

Signed

Date

19 hloo

dministrative receiver / receiver me

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.



COMPANIES HOUSE

27/01/00

Form revised March 1995

* Voluntary details. † Directors only.

> MCO. B. WHITE, THE MOTOR INSURANCE REPAIR RESEARCH CONTRE COTHER LANG, THATCHAN BOLLSHICE Tel 01635-868855 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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh