

Please complete in typescript, or in bold black capitals

Form revised March 1995

## 288b

## Resignation of director or secretary

	1117900 WESCARIS NOMINEES LIMITED							
Company Name in full								
* F2	88BD40 *							
Resignatio	on							
form			Day	Month	Year			
	Dat	te of resignation	25	07	97			
	Resignation as director		X	as secre	tary			e box. If resignation rry mark both boxes.
Please insert details as previously notified to Companies Ho	NAME	*Style / Title	Miss			*Honours etc		
		Forename(s)	KAREN JACQUELINE					
	ouse.	Surname	FRITH					
		† Date of Birth	Day 08	Month 10	Year 64			
If ces resig								
Voluntary details. Directors only.		Signed				y etc must sign Dat inistrator / administrati	te	m below. 28 h lan er / receiver manager / receive
Please give the elephone num DX number a he person Co	nber and, if and exchar	available, nge of						
ontact if ther	Tel							
	*AKC32XU2	* <u>151</u>	Registrar Companie for compa	u have cor of Compa es <b>House</b> , anies regis	mpleted and nies at: Crown Way tered in Eng	signed the form p , Cardiff, CF4 3U gland and Wales	Z D	X 33050 Cardiff

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

DX 235 Edinburgh

for companies registered in Scotland