

Package: 'Laserform'  
by Laserform International Ltd.

# 288b

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))

Company Number

1170121

Company Name in full

WOLFE MEDICAL PUBLICATIONS LIMITED



\* F 2 8 8 B F 1 0 \*

### Resignation form

Date of resignation

Day Month Year

20 08 99

Resignation as director

X

as secretary

Please mark the appropriate box. If resignation is  
as a director and secretary mark both boxes.

NAME \*Style / Title

\*Honours etc

Please insert  
details as  
previously  
notified to  
Companies House.

Forename(s)

TIMOTHY

Surname

HAILSTONE

†Date of Birth

Day Month Year

21 09 1947

If cessation is other than  
resignation, please state reason

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

\* Voluntary details.  
† Directors only.

Signed

For and on behalf of  
MITRE SECRETARIES LIMITED

Date 06 / 09 / 99

(by a serving director/secretary/administrator/administrative 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.

CMS Cameron McKenna

Mitre House, 160 Aldersgate Street, London, , EC1A 4DD

Tel 0171 367 3000

DX number DX 135316 DX exchange BARBICAN 2



KLO \*KROUYJJT\* 521  
COMPANIES HOUSE 07/09/99

Laserform International 1/96

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

or

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

for companies registered in Scotland

**DX 235 Edinburgh**