

Please complete in typescript, or in bold black capitals

## 288b

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

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Company Number  Company Name in full			1314676  Mastercare Service and Distribution Limited						
Resignation form	1								
101111		Day	Month		]				
	Date	01	09	97			1.4		
	Resigna	Х	а	s secreta	ary	Plea is as	nse mark the s a director	e appropriate box. If resignat and secretary mark both box	
Please insert details as previously notified to Companies Ho	NAME	*Style / Title	MR.				*Hone	ours etc	
		Forename(s)	NICHOLAS MARK						
	use.	Surname	OLIVE						
			Day	Month	Year				
†Date of Birth			16	01	57				
	ssation is o	other than ase state reason	)						
* Voluntary detail † Directors only.	s.	Signed			My	<i>;</i>	c must sig	Date	n below.  5. 9.97
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contact if there is any query.			Tel 01442-35-30  7X number 124021  DX exchange He					11	0 el Hmpstd 4
			/hen egist	you have trar of C	re complompanie	eted and		ne form p	lease send it to the  DX 33050 Cardit

10r companies registered in Scotland

or companies registered in England and Wales or ompanies House, 37 Castle Terrace, Edinburgh, EH1 2EB

\*A2IBCYVA\* 602

COMPANIES HOUSE 06/09/97

Form revised March 1995

DX 235 Edinburgh