

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	1413180	
Cd *F288	ompany Name in full	MAURI PRODUCTS LIMIT	ED
Resignation form	Date of resignation Resignation as director	Day Month Year 1 10 95 as secretary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies House	NAME *Style / Title Forename(s) Surname	HAROLD WILLIAM BAILEY	*Honours etc
	[†] Date of Birth ation is other than tion, please state reason	Day Month Year 16 11 35	
1	·	A serving director, secretary	retc must sign the form below.

* Voluntary details. † Directors only.

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.



Form revised March 1995

Signed

Date

16 October 1995

(by a serving Kolina Activity / secretary / Xolina Activity Activity Activity Activity Xolina Xolina Xolina Xolina Activity Activ

W. B. WRIGHT	ASSOCIATED BE	RITISH FO	DDS plc	
3 to 5 RICKM/	NSWORTH ROAD, N	WATFORD,	HERTS	
WD1 7HG	Tel 01923	252050		
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