

288b

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Company Number Company Name in full F 2 8 8 B 0 1 9 *			15747:54					
			PRIM	ie ti me	TELEV	VISION ASS	SOCIATES LIMITE	10
		of resignation	Day	Month 10	Year 98		appropriate box. If resignation	
	Resignation as director NAME *Style / Title			as seci	etary	is as a director an	d secretary mark both boxes.	
Please insert details as previously notified to Companies House.	Forename(s)		PETER					
		Surname	CARA Day	ROLL_ Month	Year			
[†] Date of Birth If cessation is other than resignation, please state reason			08	03	47			
* Voluntary details. † Directors only.		Signed	0	mw	am	Dat	the form below. te S/10/98. re receiver / receiver manager / re	eceiver-
Please give the name, address, telephone number and, if available, a DX number and Exchange of			FENCITY IRLAM, 45-49 MORTIMER STREET,					

COMPANIES HOUSE 10

contact if there is any query.

the person Companies House should

Form revised March 1995

FENCITY IRLAM, 45-49 MORTIMER STREET,
LONDON WIN TTD

Tel 0171 636 9421

DX number DX exchange

When you have completed and signed the form please send it to the

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