

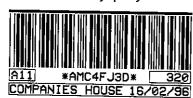
Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

Company Number			15881	199			<u></u>	
	Company BD40 *	Name in full	ENGL	ISH CHI	NA CLA	YS PENSION	FUND TRUSTI	EES LIMITED
Resignation form	Dat	e of resignation ation as director	Day 13	Month 02 as sec	Year 96	Ple is a	ase mark the appro s a director and sec	priate box. If resignation cretary mark both boxes.
Please insert details as previously notified to Companies Hou	NAME	*Style / Title Forename(s) Surname	CLIVE WILLIAM					
	sation is oth nation, pleas	†Date of Birth er than e state reason	Day 08	Month 04	Year 42		•	
' Voluntary details. † Directors only.		Signed		30		0	Date	m below. 13/2/96 coiver 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.



Form revised March 1995

MR S C HORNBUCKLE,		<u>.</u>	 	
		·	 	-
	Tel	7		
DX number	DX exchange		 _	

When you have completed and signed the form please send it to the Registrar of Companies at:

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