

Please complete in

288b

Resignation of Director or Secretary

typescript, or in bold black capitals.	Company Number							·			
			017 81525								
Company Name in full			DISABILITY NORTH								
F288BC	10										
Resignation Form	Date of resignation Resignation as director		Day	Month	Year						
FOITH			26	11	96	Plassa	mark the a	nnconsist	a hav. If recipnation is a	e a director	
			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	Mr			*1	Honours	etc.			
		Forename(s)	PHILIP ARTHUR								
		Surname	SHAKESHAFT .								
* Voluntary details. † Directors only. † Date of Birth If cessation is other than				Month 07	Year 48						
res	signation, p	dease state reason									
1				A serving director, secretary etc must sign the form below.							
Signed				MI				Date	6/12/90	/.	
			(by a servin	g director/se	cretary/ad	lministra	ator/admini	istrative ı	eceiver/receiver manag	er/receiver)	
Please give the na	omo oddii	<i>C</i>							NAMES OF THE	aprm	
telephone number	, and if available, Exchange of nies House should	PROF. MICHAEL PHILIP BARNES, HUNTERS MOOR HOSPITAL, HUNTERS ROAD, NEWCASTLE UPON TYNE NE2 4NR.									
the person Compa											
contact if there is	any query	any query.		Tel 0191 261 0895 DX number DX exchange							
						- D/((
A38 *AJMSYROX* 497 COMPANIES HOUSE 21/12/96				When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales DX 33050 Cardiff or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh							