

Please complete in typescript, or in bold black capitals. CHI

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change

| FP000 |                      | of particulars (use Form 288c)) |       |  |  |
|-------|----------------------|---------------------------------|-------|--|--|
|       | Company Number       | 1781525                         |       |  |  |
|       | Company Name in full | DISABILITY                      | NORTH |  |  |
|       |                      |                                 |       |  |  |
|       | •                    |                                 |       |  |  |

|                                     |              |                            | Day | Month | Year        |     |             |   |
|-------------------------------------|--------------|----------------------------|-----|-------|-------------|-----|-------------|---|
| Date of term                        | nination     | of appointment             | 0 1 | ०।९   | 2001        | 5   |             |   |
|                                     |              | as director                |     |       | as secretar | y   |             | rk the appropriate box. If terminating<br>nt as a director and secretary mark<br>s. |
| N                                   | IAME         | *Style / Title             | MR  |       |             | *1- | Honours etc |   |
| Please insert details as previously |              | Forename(s)                | 57  | EWA   | RT          |     | ,           |   |
| notified to Companies House.        |              | Surname                    | ŚŁ  | (EDe  | ıΕ          |     |             |   |
| Companies House.                    | illes House. |                            | Day | Month | Year        |     |             |   |
| -                                   |              | <sup>†</sup> Date of Birth | 3 0 | 111   | 11914       | 7   |             |   |

A serving director, secretary etc must sign the form below.

| Signed |
|--------|
|--------|

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.



|           | F |
|-----------|---|
| je        | ( |
| 0009      | f |
| 4E-00-00E | , |

Form revised 1999

| 1. Skely  | Date        | 1/0/05-                            |
|---|-------------|------------------------------------|
| * conting director/coordany/administrator/administr | otivo rocci | wor / receiver manager / receiver) |

| ARTHUR SCOTT, CI     | HAIR, DISABILITY NORTH, THE DENE   |
|----------------------|--|
|                      | FARM RD, NEWCASTLE UPON TYNG   |
|                      | , and the second se |
| DX number            | DX exchange  |
| NES 1PH<br>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, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for companies registered in Scotland

<sup>\*</sup> Voluntary details.

<sup>†</sup> Directors only.

<sup>\*\*</sup> Delete as appropriate