

288b

Please complete in typescript, or in bold black capitals.

Form revised March 1995

Resignation of director or secretary

	Company Number	2049088
c * F 2 8 8	ompany Name in full B 0 1 9 *	HIGHBANK PRIVATE HOSPITAL LIMITED
Resignation form	Date of resignation	Day Month Year IS 12 95
Please insert details as previously notified to Companies Hou	Resignation as director	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style / Title	*Honours etc
	Forename(s)	Parrick Robert
	Surname se.	Day Month Year
	[†] Date of Birth	09 02 46
	ation is other than ation, please state reason	
		A serving director, secretary etc must sign the form below.
* Voluntary details. † Directors only.	Signed	(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
telephone numb a DX number	ne name, address, per and, if available, and Exchange of panies House should	SECRETALY 48 LETGESTER SOUNTE LONDON Tel 0171 839 9302

for companies registered in Scotland

DX 235 Edinburgh