

Please complete in typescript, or in bold black capitals.

Resignation of	director of	or secretary
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С	ompany Name in full	THE NATIONAL CHILDBIRTH TRUST	•
× F 2 8 8	B 0 1 9 ×		
Resignation form	Date of resignation	Day Month Year 23 リーパト	
	Resignation as director	as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.	
N Please insert details as previously	NAME *Style / Title	MRS *Honours etc	
	Forename(s)	JILL HAKEN	-
notified to Companies House	Surname	AITHEN	
	•	Day Month Year	
	[†] Date of Birth	24 06 56	
	ation is other than ation, please state reason		

Company Number 02370573

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

Signed

* Voluntary details.

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

A.M. Barnond

Date

4/10/95

(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver

Shirleyanne Seel National Childbirth Trust Alexandry Horse Oldham Terrace Lordon W36NH Tel 0181 992 8637 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, CF4 3UZ DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in England and Wales

for companies registered in Scotland

DX 235 Edinburgh

[†] Directors only.