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Please complete in typescript, or in bold black capitals.

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Resignation of director or secretary

Company Number Company Name in full F 2 8 8 B C 4 0 **			2378212						
			GREEN	IBANKS	CTOR	Q UAY)	LIMIT	6)	
Resignation form		e of resignation ation as director *Style / Title	Day Month	Year 99 cretary	Please ma is as a dire	ctor and secre	iate box. If resig lary mark both i	nation boxes.	
	sation is oth	Forename(s) Surname †Date of Birth ner than se state reason	DAY Month		IES U	MITES			
•		v.	A serving dire	ector, secret	ary etc mus	st sign the	form below.		
* Voluntary details. † Directors only.			(by a serving direct	or/secretary/ac	dministrater / ade	Date ninistrative rese	12.(0.		
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.			DX number		Tel*** DX excha	nga			
A27 COMPAN	*ASSWFL2 NIES HOUSE	297 201/11/99	When you have Registrar of Companies If for companies If Companies If Companies If Companies If Item In Item I	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 for companies registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh					