

Please complete in typescript,

## 288c

## **CHANGE OF PARTICULARS for director**

or in bold black capitals. CHFP000		or secretary(NOT for appointment (use Form 288a) or resignation (use Form 288b))			
Company Number Company Name in full		2413426			
		MOORE HEALTH CARE LIMITED			
				Day Month Year	
Changes of particulars		lete in all cases	Date of change of particulars	013 019 1191919	
form	Name	*Style / Title	MISS	*Honours etc	_
	Forename(s)		PAMELA ROSALIND		
		Surname	BROWN		
		† Date of Birth	Day Month Year  2 3 0 2 1 9 7 0		
Change of name (enter new name) Forename(s)			PAMELA ROSALIND		
Surname			HARDMAN		
Change of usual residential address (enter new address)			17 ELLABY ROAD		
Post town		RAINMILL LIVERPOOL			
		County / Region	MERSEYSIDE	Postcode L35 HPP	
		Country	ENGLAND		
Other change		(please specify)			
			A serving director, secretary etc must sign the form b		
* Voluntary details † Directors only. **Delete as approp		Signed	Pfllison	Date 4.9.2000	
		oddross	(** director / secretary / administrator / administrator /	Iministrative receiver / receiver manager / receiver)	_
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should			PAMELA HARDMAN	CO SAFALTD	_
			59 HILL STREET LI	'	_

DX number

for companies registered in Scotland

contact if there is any query.



Form revised July 1998

05/09/00

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 exchange When you have completed and signed the form please send it to the

0151 708 0397

DX 235 Edinburgh