

Please complete in typescript, or in bold black capitals.

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

Company	Number
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2425430

Company Name in full

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Company Name in full	AUL MEDICAL	INSTRUMENTS (UH) LTD
8 B O 1 9 *		

Resignation form		e of resignation	Day 15	Month	Year 99	•
	Resigna	ation as director		ć	as secretary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title				*Honours etc
Please insert details as previously		Forename(s)	Aware	345		
notified to Companies Hou	ISA	Sumame	ney	DAU		
oompanies not			Day	Month	Year	
		[†] Date of Birth				
	sation is oth nation, pleas	er than e state reason				

	Signed
oluntary 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

† Directors only.

A s	erving dir	ecto	or, secretary etc must	sign th	e form	below.		
	X.			Date	9	17/99	-	

(by a serving trector / secretary / administrator / administrative receiver / receiver manager / receiver)

-2	Rober	75 0	clother the	SOICAL INSTRUMENT
				INDUSTRIAL
ESTATE	STONE	Tel	(01785)	815987
DX numb	per	×α	(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 for companies registered in England and Wales

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

for companies registered in Scotland

DX 235 Edinburgh