

Please complete in typescript, or in bold black capitals.

288b

Resignation of director or secretary

	Company Number	02631695	
c * F 2 8 8	ompany Name in full B 0 1 9 ×	ANDER OONS FORM MANAGEMENT	COMPANY LIMITED
Resignation form	Date of resignation Resignation as director		appropriate box. If resignation nd secretary mark both boxes.
	NAME *Style / Title	*Honours etc	
Please insert details as previously notified to Companies Hous	Forename(s)	GLYNN ANN	
	Surname se.	HIGGINS Day Month Year	
	[†] Date of Birth	2 4 36	
If cessation is other than resignation, please state reason			
		A serving director, secretary etc must sign	the form below.
* Voluntary details.	Signed	S. Sheard Da	te 7/12/95

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.

S. C. SHEARD

THE OLD BYRE, ANDERDOWS FARM,
THAME ROAD, LONGWICK, BUCKS

HP27 9TA Tel 01844 343584

DX number DX exchange

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

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