

Please complete in typescript. or in bold black capitals.

Resignation of director or secretary

-		2181033	
	Company Name in full	SURGICAL RESEAR	CH SOCIETY
¥ F 2 8 8	B 0 1 9 ×		
Resignation form Please insert details as previously notified to Companies House	Date of resignation	Day Month Year 27 6 96	
	Resignation as director	as secretary Please mark is as a direct	the appropriate box. If resignation for and secretary mark both boxes.
	NAME *Style / Title	PROFESSOR *Honours	etc
	Forename(s)	CHARLES NEVIN	
	Surname Surname	McCown	
	[†] Date of Birth	Day Month Year	
If cessation is other than resignation, please state reason			
		A serving director, secretary etc must s	ign the form below.

Company Number 776766

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.

* Voluntary details. † Directors only.

Form revised March 1995

PROFESSOR REMANSE DEPARTMENT OF WAREN COLLEGE OF MEDICINE

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

CARDIFF

01222 REPUPIT

Date

DX number

Signed

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

for companies registered in England and Wales

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

for companies registered in Scotland

DX 235 Edinburgh