

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

02803242

Company Name in full

KENTAIR AMBULANCE

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Resignation form	Date	e of resignation	Day /0	Month /2	Year		
	Resigna	ation as director		as seci	etáry		Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	MR	~ ·			*Honours etc
Please insert details as previously notified to		Forename(s)	JAI	MES	REC	91	NALD
		Surname	LA	THA	M		
Companies Hous	se.		Day	Month	Year		. •
		†Date of Birth	06	03	44		
	ation is oth ation, pleas	er than se state reason					

A serving director, secretary etc must sign the form below.

Signed

Date

(by a serving director / secretary / administrator / administrative 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 contact if there is any query.

COMPANIES HOUSE 22/05/99

Form revised March 1995

Voluntary details.

† Directors only.

KATE CHI	VERS	
HIGH STR	HE CENTRE HURST	
KENT, TNIZOBJ	Tel 01580 893555	
DX number	DX exchange	(1 · 1 · 2 · · · · · · · · · · · · · · ·

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