

Please complete in typescript,

or in bold black capitals.

288b

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

Company N	l	um	be
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02805007

Company Name in full

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SOUTH EAST ESSEX CHRISTIAN HOSPICE (FAIR HAVENS)

Resignation form	Date	e of resignation	Day Mon 28 11	th Year	
Resignation as director			as secretary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.	
	NAME	*Style / Title	ries		*Honours etc
Please insert details as previously		Forename(s)	ANNE E	LIZABETH	t
notified to Companies Hous	se.	Surname	WHITE		
			Day Mon	th Year	
		†Date of Birth	04 07	33	
	ation is oth ition, pleas	er than se state reason			

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

Signed

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

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

Tel

DX number 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 or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 Edinburgh

^{*} Voluntary details.

[†] Directors only.