

Please complete in typescript, or in bold black capitals.

288b

Resignation of director or secretary

Company Number	2847005
Company Name in full	HEALTH & CARE SERVICES (NW) LIMITED
Date of resignation	Day Month Year O4 O2 97
Resignation as director	As secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
NAME *Style/Title	*Honours etc
Forename(s)	MICHAEL ALLEN
Surname se.	HARTLEBURY
•	Day Month Year 18 04 SS
	A serving director, secretary etc must sign the form below.
Signed	S. J. Bisho Date 4/2/97
	(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
ne name, address, per and, if available, and Exchange of panies House should	SMON BISHCP & PARTNORS
is any query.	Tel 01905 779417
	When you have completed and signed the form please send it to the Registrar of Companies at:
	Resignation as director NAME *Style/Title Forename(s) Surname se. †Date of Birth ation is other than tion, please state reason Signed se name, address, per and, if available, and Exchange of panies House should