

Please complete in typescript, or in bold black capitals

## 288b

## Resignation of director or secretary

| Company Number   |         | 28625            | 51  |                       |             |          |                |   |  |  |
|--|---------|------------------|---|-----------------------|-------------|----------|----------------|---|--|--|
| Company Name in full   |         |                  | FIRST I   | RETAIL F              | INANCE      | LIMIT    | rED            |   |  |  |
| * F288BD40 *   |         |                  |   |                       |             |          | -              |   |  |  |
| Resignation form   | ı       |                  | Day   | Month                 | Year        |          |                |   |  |  |
| Date of resignation  |         | 19               | 07  | 96                    |             |          |                |   |  |  |
|  | Resigna | tion as director | X as secretary PI is                                |                       |             |          |                | Please mark the appropriate box. If resignation is as a director and secretary mark both boxes. |  |  |
| Please insert<br>details as<br>previously  | NAME    | *Style / Title   | MR *Honours etc                                     |                       |             |          |                |   |  |  |
|  |         | Forename(s)      | JAMES EDWARD  |                       |             |          |                |   |  |  |
| notified to<br>Companies Hou   | ıse.    | Surname          | ROWLEY  |                       |             |          |                |   |  |  |
|  |         |                  | Day   | Month                 | Year        | _        |                |   |  |  |
| Date of Birth  |         | Date of Birth    | 15  | 12                    | 58          |          |                |   |  |  |
| If cessation is other than resignation, please state reason  |         |                  |   |                       |             |          |                |   |  |  |
|  |         |                  | A servii  | ng dîrect             | or, secre   | etary e  | etc must s     | ign the form  | n below.   |  |
| * Voluntary details<br>Directors only.   | s.      | Signed           | !   | XA                    | VXc         |          |                | Date  | 24.7.96  |  |
|  |         |                  | (by a serv  | ing director          | / secretary | / admini | istrator / adm | inistrative receiv  | ver / <del>receiver manager</del> / re <del>ceiver</del> |  |
| Please give the name, address,<br>telephone number and, if available,<br>a DX number and Exchange of |         |                  | MR R NIXON, NWS HOUSE, CITY ROAD, CHESTER, CH99 3AN |                       |             |          |                |   |  |  |
|  |         |                  |   |                       |             |          |                |   |  |  |
| the person Companies House should contact if there is any query.                                     |         | Tel 01244 693078 |   |                       |             |          |                |   |  |  |
|  |         |                  | DX nu   | DX number DX exchange |             |          |                |   |  |  |

When you have completed and signed the form please send it to the

Companies House, Crown Way, Cardin, Crasses
for companies registered in England and Wales
Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB
DX 235 Edinburgh

DX 33050 Cardiff

Registrar of Companies at: Companies House, Crown Way, Cardiff, CF4 3UZ

Form revised March 1995