

Please complete in typescript, or in bold black capitals. CHFP000

## **RESIGNATION** of director or secretary (NO ige

OT for appoi	'ntment (u	ıse Form	288a)	or cl	nan
of pa	nrticulars	(use Forn	n 2880	;))	

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2884568

**Company Name in full** 

SAFE	Home	INCOME	PLANS	

Resignation form	Date	e of resignation	Day	Month	Yea	ir 3 <sub>.</sub> 9	
	Resigna	ation as director			as secr	etary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	M	R			*Honours etc
Please insert details as previously notified to Companies House.		Forename(s)	GRAHAM MARK				
		Surname	K	IN9			
	e.	,	Day	Month	Yea	ar	
		<sup>†</sup> Date of Birth	0 3	05	19	49	
	ation is oth	er than se state reason					<del>-</del>

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

Signed

Date |

17-8-99

erving director / secretary / administrator / administrative receiver / receiver manager / receiver)

Christman Hill, Chrithant Lane Shafford

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.



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When you have completed and signed the form please send it to the Registrar of Companies at:

Surrey Gux 855 Tel 01483 - 5676K1

DX exchange

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

\* Voluntary details. † Directors only. \*\* Delete as appropriate