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Please complete in typescript, or in bold black capitals.

Form revised iviaron 1995

Resignation of director or secretary

Company Number				3054	398				
Co F 2 8 8 E		Name in full		Acm (uk)	LTŋ			
Resignation form		Date of resignation Resignation as director		Month S as secr	Year 95 etary	V	Please mark the appro		
	NAME	*Style / Title					*Honours etc		
Please insert details as previously notified to Companies House		Forename(s)		MIRIAM					
		Surname	Day	Yaw/ Month	vG-∈/? Year				
	ition is othe tion, please	[†] Date of Birth er than e state reason					- -		
			A servi	ing direct	or, sec	retary	etc must sign the	e form below	
* Voluntary details. † Directors only.			(by a sen	ving director /	- O	/admin	Date strator / administrative re	lo 5 95	nanager / 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.			- DV			Tel	N. and an area		
COMPANIES	TU3QC35* HOUSE 09	91 3/06/95	Compa for con Compa	you have or rar of Com anies Hou npanies re	panies use, Cr gistere use, 37	ted an at: own V d in Er Castle	OX exchange of signed the form provided the form	BUZ DX 33 or rgh, EH1 2EB	3050 Cardiff