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Please complete in typescript, or in bold black capitals.

Form revised March 1995

Resignation of director or secretary

Company Number			3175209			
Company Name in full F 2 8 8 B 0 1 9 X			GUN	WHARF	LIM ITG	<u>,</u>
Resignation form Please insert details as previously	Date of resignation Resignation as director NAME *Style / Title Forename(s)		Day Mon			ppropriate box. If resignation d secretary mark both boxes.
•	ation is oth	Surname †Date of Birth er than e state reason	HERTS Day Mon	SECRET	ARIAT L	IMITED
 Voluntary details. † Directors only. 		Signed	A serving dire	CTOR, DULY AUT	etc must sign	the form below. e (/5/96 e receiver / receiver manager / 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.			HERTS SECRETARIAT LTD. 39 NEWELL ROAD HEMEL HEMPSTEAD Tel Tel			
FORM TOWN TO STATE OF THE STATE			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			

DX 235 Edinburgh

for companies registered in Scotland