

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

**RESIGNATION** of director or secretary

(NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

288

**Company Number** 

Company Name in full

CONUMENT INSURANCE MANAGEMEN

Resignation form			Day	Month	Year 1 9 9	9	
	Resignation as director				as secretar	у [	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously	NAME	*Style / Title	MR	7			*Honours etc
		Forename(s)	BAS	T/L	FREDE	RIC	X
notified to Companies H	Surname		WIL	MAN	18		
Companies n	iouse.		Day	Month	Year		
		<sup>†</sup> Date of Birth					
If cessation is other than resignation, please state reason							

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

Signed

•	Vo	luni	tary	de	tail	S.

(\*\* serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

Date

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.



Form revised July 1998

DX exchange

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

Companies House, Crown Way, Cardiff, CF14 3UZ for companies registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland 12 20 DX:235 Edinburgh

<sup>†</sup> Directors only.

<sup>\*</sup> Delete as appropriate