



Please complete in typescript,
or in bold black capitals.

288b

Resignation of director or secretary

Company Number

3254462

Company Name in full

HEALTH REVIEWS LIMITED



Resignation form

Date of resignation

Day Month Year

9 10 96

Resignation as director



as secretary



Please mark the appropriate box. If resignation
is as a director and secretary mark both boxes.

NAME

*Style / Title

LT COL

*Honours etc

Please insert
details as
previously
notified to
Companies House.

Forename(s)

THOMAS OLIVER

Surname

JEFFERSON

†Date of Birth

Day Month Year

31 03 54

If cessation is other than
resignation, please state reason

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

Signed

Date

9.10.96

* Voluntary details.
† Directors only.

(by a serving director / secretary / administrator / administrative 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.

Tel	
DX number	DX exchange

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

for companies registered in Scotland

DX 235 Edinburgh

