



Please complete in typescript,
or in bold black capitals.

288b

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

Company Number

3279177

Company Name in full

MOTOR CYCLE DIRECT INSURANCE
SERVICES LIMITED



F288B019

2

Resignation form

Date of resignation

Day Month Year

20 7 99

Resignation as director



as secretary



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

NAME

*Style / Title

MR

*Honours etc

Please insert
details as
previously
notified to
Companies House.

Forename(s)

MALDWIN

Surname

EVANS

Day Month Year

†Date of Birth

4 6 45

If cessation is other than
resignation, please state reason

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

Signed

C. Flett

Date

21/7/99

* 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.

C. FLETT

P O Box 2001, THORNBURY, BRISTOL

BS35 2FD

Tel 01454-415566

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

