

288b

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Company Number			3298031	
	Company B B 0 1	Name in full	ROSEFARM ESTATES PLC	
Resignation form	Date	e of resignation	Day Month Year	
Please insert details as previously notified to Companies Hou	NAME	ation as director *Style / Title	as secretary is as a director and secretary mark both boxes. *Honours etc	
	ouse.	Forename(s) Surname	MICHAEL JOHN NORIEIS	
†Date of Birth If cessation is other than resignation, please state reason		er than	Day Month Year	
* Voluntary details. † Directors only. Please give			A serving director, secretary etc must sign the form below. Date Date (by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)	
Please give the name, address, telephone number and, if available,			CASSON BECKMAN	

DX number

a DX number and Exchange of the person Companies House should contact if there is any query.



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Form revised March 1995

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

DX exchange

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

DX 235 Edinburgh