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21 St Thomas Street Bristol BS1 6JS Telephone: 0117 923 0600 Fax: 0117 923 0063

Please complete in typescript, or in bold black capitals.

F288BC40*

288b

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

Company Number

03300043

Company Name in full

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	OF AUTISM IN CH

PARENTS FOR THE CARLY INTERVENTION	
OF AUTISM IN CHILDREN	

Resignation form	Da	te of resignation	Day Month Year	
	Resigna	ation as director	as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.	
	NAME	*Style / Title	*Honours etc	
Please insert details as		Forename(s)	ANDREW	
previously notified to		Surname	STAMP	
Companies Ho	ouse.		Day Month Year	
If ce	ssation is	†Date of Birth other than	20 01 49	
		eace state reason		

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

Signed

* Voluntary details.

† Directors only.

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

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(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver

MRS MERRY W	Deaver, Pench
SCHOOL OF EDUCATION, BRUNEL UNIVERSITY ST MARGARET'S ROAD, TWICKENHAM MIDDY	
TUIIP	Tel 0181 891 0121
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 for companies registered in England and Wales

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