Package:

'Laserform'

by Laserform International Ltd.

Please complete in typescript,

288b

Resignation of director or secretary

or in bold black capitals.		•	or appointi culars (use	•	e rom 288a) or cnar 88c))	ige		
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Resignation form		Day	Month	Year				
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	Resignation as director	x as secretary			Please mark the app as a director and se	oropriate bo cretary mar	x. If resignation k both boxes.	n is
Please insert details as previously notified to Companies Hous	NAME *Style / Title	Mr			*Honours etc			
	Forename(s)	Ian C	Ian Clifford					
	se. Surname	Stewa	rt					
		Day	Month	Year				
†Date of Birth		01	09	53				
If cess resigna								
		A sęrvi	ng/directo	or, secre	tary etc must sign th	ne form b	elow.	
Voluntary details.† Directors only.	Signed	Jul	ly/		Dat	e 13	10/1999	
Diana sina th	the name, address, nber and, if available,	(by a servi	ingdirector/s	ecretary/a	dministrator/administrative	receiver/re	ceivermanager	/receiver)
telephone number		Garre						
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		EZ/288151 Tel 0171 344 0344 DX number 127 DX exchange LDE						
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COMPANIES HOUSE Laserform International 1/96 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

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