

Please complete in typescript, or in bold black capitals.

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

Company Number

Company Name in full

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BRITISH ASSOCIATION OF	
MUTRITIONAL THERAPISTS.	

Resignation form	Date of resignation Resignation as director		Day Month Year 12 7 9 as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hous	NAME	*Style / Title	Company *Honours etc
	F	orename(s)	MARLIES
	se.	Surname	FERINGA
•			Day Month Year
	†;	Date of Birth	29/05/64.
If cessation is other than resignation, please state reason			

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

Signed

M Glein

(by a serving director / secretary / administrator

* 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.



Form revised March 1995

British Association of NUTRITIONA MRDA WOLAND 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 or companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh