

Please complete in typescript, or in bold black capitals.
CHFP000

Company Number

RESIGNATION of director or secretary

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

288

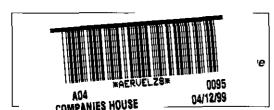
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Company Name in full

BELGRAVIA	NURSING A	UD CARE
BUREAU L	MITED	

Resignation form	Date	of resignation	Day Month Year
	Resigna	ition 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)	FAIRWAY SECRETARIES LIMITED
previously notified to Surname Companies House.		Surname	
			Day Month Year
		†Date of Birth	
	ation is oth ation, pleas	er than e state reason	

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.



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

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			_	
(** serving di	rector / secre	stary / admini	etrator / ac	dministra

<u> </u>		
	Tel	
DX number	DX exchange	
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When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 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

^{*} Voluntary details.

[†] Directors only.

^{**} Delete as appropriate