

Please complete in typescript,
or in bold black capitals.

Resignation of director or secretary

Company Number

3802593

Company Name in full

PHARMACY 2U LIMITED



Resignation form

Date of resignation

Day Month Year

8 7 99

Resignation as director

X

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
previously
notified to
Companies House.

Forename(s)

Surname

YORK PLACE COMPANY NOMINEES LIMITED

†Date of Birth

Day Month Year

If cessation is other than
resignation, please state reason

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

Signed

for and on behalf of
York Place Company Secretaries Limited

Date

8/7/99

* Voluntary details.
† Directors only.

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

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.

YORK PLACE COMPANY SERVICES LIMITED

12 YORK PLACE LEEDS LS1 2DS

DX 26436 LEEDS 2

TEL: 0113 242 0222 FAX: 0113 242 5904



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 or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh