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Please complete in typescript, or in bold black capitals.

CHFP025

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change

of particulars (use Form 288c))

Company Number

4212447

Company Name in full

ANGLO AMERICAN MEDICAL PLAN LIMITED

			Day	Month	Year	
Date of termination of appointment			2 9	0 5	2 0 0 1	ı
		as director	Х		as secretary	Please mark the appropriate box. If terminating appointment as a director and secretary mark both boxes.
Please insert	NAME	*Style / Title				*Honours etc
details as previously		Forename(s)				
notified to Companies I	łouse.	Surname	HACKWO	OOD DI	RECTORS LIM	MITED
		†Date of Birth	Day	Month	Year	7

* Voluntary details.

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.



30/05/01

secretary etc must sign the form below.

Date

retary/administrator/administrative receiver/receiver manager/receiver)

(MAJ)

Signed

HACKWOOD SECRETARIES LIMITED **ONE SILK STREET** LONDON EC2Y 8HQ

020 7456 2000

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, CF14 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

Laserform International 02/00

[†] Directors only.
**Please delete as appropriate