

Resignation of director or secretary

Please complete in typescript, or in bold black capitals.

Company Num	ber SCIIO3S6
Company Name in X F 2 8 8 B 0 1 9 ×	full LOTHIAN FAMILY MEDIATION SERVICE
Resignation Date of resignation	
Resignation as dire	ctor as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
NAME *Style / *	itle He *Honours etc
Please insert details as Forenam	e(s) JOHN ALISTAIR ROCER
oreviously notified to Surna	ame Mackie
Companies House.	Day Month Year
†Date of I	3irth 20 12 49
If cessation is other than resignation, please state rea	son

* 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

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

Signed WMIK

Date

10 JAN 96

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

Miccian Mail Fourth Mediation
Lothian 37 Seorge St

Edinburgh Tel 0131 226 4507

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 for companies registered in England and Wales or

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

for companies registered in Scotland

DX 235 Edinburgh