

Company Number | Scil 5368

288b

Please complete in typescript, or in bold black capitals.

Form revised ividion 1900

Resignation of director or secretary

Co * F 2 8 8	ompany Name in full	Sconism youth DANCE FESTIVAL
	Date of resignation Resignation as director NAME *Style / Title Forename(s) Surname se †Date of Birth ation is other than ation, please state reason	Day Month Year 14 05 96 As secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes. *Honours etc Budget Mary M2 Day Month Year 28: 05 58
telephone num a DX number	Signed ne name, address, ber and, if available, and Exchange of apanies House should any query.	(by a serving director/secretary/administrator/administrative receiver/receiver manager/receiver) (by a serving director/secretary/administrator/administrative receiver/receiver manager/receiver) (c)
telephone num a DX number the person Com contact if there i	ber and, if available, and Exchange of panies House should	Tel 0131 557 3072 DX number DX exchange When you have completed and signed the form please send it to the