

288b

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Company Number Company Name in full F 2 8 8 B 0 1 9 *		163960
		CLONERLEAF HOTELS LIMITES
Resignation form	Date of resignation	Day Month Year OH OH OH Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	Resignation as director NAME *Style / Title	x as secretary is as a director and secretary mark both boxes. *Honours etc
Please insert details as previously notified to Companies House	Forename(s) Surname	STEPHEN MABBOTT
·	[†] Date of Birth ation is other than	Day Month Year 17 11 50
resignation, please state reason		

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

Signed

(by a serving director / secretary / adm

Date

* 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

SCOTT'S COMPANY FORMATIONS, 5 LOGIE MILL,

BEAVERBANK OFFICE PARK, LOGIE GREEN ROAD,

EDINBURGH, EH7 4HH

Tel 0131-556 5800

DX number ED 301

DX exchange EDINBURGH

When you have completed and signed the form please send it to the Registrar of Companies at:

DX 33050 Cardiff Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

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

for companies registered in Scotland

DX 235 Edinburgh