

288b

Please complete in typescript, or in bold black capitals.

Form revised March 1995

## Resignation of director or secretary

| 507 *SE2   | -                       | Name in full               | VERI        | 37460<br>MAC (NC   | ) 92) L    | IMITE    | ED .                     |  |      |           |   |  |
|--|-------------------------|----------------------------|-------------|--|------------|----------|--------------------------|--|------|-----------|---|--|
| Resignation  | Date                    | Date of resignation        |             | Month<br>10  | Year<br>98 |          |                          |  |      |           |   |  |
| form   | Resignation as director |                            | Please mark |  |            |          | k the appr<br>tor and se | the appropriate box. If resignation<br>or and secretary mark both boxes. |      |           |   |  |
|  | NAME                    | NAME *Style / Title        |             | •  |            |          | *Honours                 | etc  |      |           |   |  |
| Please insert<br>details as<br>previously<br>notified to                           |                         | Forename(s)                |             |  |            |          |                          |  | JOHN | I NEILSON |   |  |
|  |                         | Surname                    | KERF        | ₹  |            |          |                          |  |      |           |   |  |
| Companies Hou  | ise.                    | •                          | Day         | Month  | Year       |          |                          |  |      |           |   |  |
|  |                         | <sup>†</sup> Date of Birth | 23          | 09   | 56         |          | <u></u>                  |  |      |           |   |  |
| If cessation is other than resignation, please state reason                        |                         |                            |             |  | -          |          |                          |  |      | ·····     |   |  |
| * Voluntary details.<br>† Directors only.  |                         | Signed                     | γ.          | 20   | He         | L        | r etc must               | Date   | IIth | Novemb    |   |  |
| Please give t<br>telephone num<br>a DX numbe<br>the person Cor<br>contact if there |                         | ERSON S<br>burgh, Eh       |             | Tel  |            | 3 Castle |                          |  |      |           |   |  |
| Companies House receipt date barcode   |                         |                            |             | 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 |            |          |                          |  |      |           |   |  |
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