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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

or in bold black capitals.		
	Company Number	7 0004
Resignation form  No.  Please insert details as previously notified to Companies House.	Date of resignation  Resignation as director  AME *Style / Title  Forename(s)  Surname  †Date of Birth	Day Month Year  28 2 97  V as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.  MR 'Honours etc B.S. MBA  ANDREW ROBERT  NICHOLSON  Day Month Year  29 3 62
'Voluntary details. † Directors only.  Please give the natelephone number and a DX number and the person Companies contact if there is any contact if the interval is an any contact if the interval is an any contact if there is any contact if the interval is an any contact if there is an any contact if the interval is an any contact if the interval is an any contact if the interval is an any contact if there is an any contact if the interval is an any contact if there is an any contact if the interval is an any contact if the interval is an any contact if the interval is an any contact if there is an any contact if the interval is an any contact if the in	d, if available, Exchange of thouse should query.  * 348	A serving director, secretary etc must sign the form below.    Policy   Date   28/2/97