

Please complete in typescript, or in bold black capitals. CHFP000

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

288

ompany Number	559784

Company Name in full

INSTITUTE	FOR	ANIMAL	HEALTHL

Date of terr	nination	of appointment	Day	Month O I	Ye	ar		
as director		✓ as secretary		Please mark the appropriate box. If terminating appointment as a director and secretary mark both boxes.				
	NAME	*Style / Title	P	ROFE:	SSOR	· <u>-</u>	*Honours e	etc
Please insert details as previously notified to Companies House.	Forename(s)	ROBERT						
		Surname	LECHLER					
		Day	Month	Ye	ar			
<u>;</u> †		[†] Date of Birth	2 4	112	1,9	5,1		

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

Date

	Signed
oluntary details.	9

- † Directors only.
 ** Delete as appropriate

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.



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DX number

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

DX exchange

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

Tel

Form revised 1999

DX 235 Edinburgh