

for the record

Please complete in typescript, **CHWP000** 

Terminating appointment as director or secretary

or in bold black capitals.

(NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

|   | Compa  | any Number                 | 1756                       | <u>6276</u>   |                           |          | <del></del> |                 |                                     |  |
|---|--------|----------------------------|----------------------------|---------------|---------------------------|----------|-------------|-----------------|-------------------------------------|--|
| C   | ompany | Name in full               | Arctic F                   | aper UK       | Ltd                       |          |             |                 |                                     |  |
|   |        |                            |                            |               |                           |          |             |                 |                                     |  |
|   |        |                            |                            |               |                           |          |             |                 |                                     |  |
|   |        |                            | Day                        | Month         | Year                      |          |             |                 |                                     |  |
| Date of termination of appointment        |        | 2   4                      | 0 4 2                      | 2   0   0   3 |                           |          |             |                 |                                     |  |
|   |        | as director                | <b>✓</b>                   |               | as secretary              |          |             | nt as a directo | riate box, if ter<br>or and secreta |  |
|   | NAME   | *Style / Title             | Mr                         |               |                           | *Ho      | nours etc   |                 |                                     |  |
| Please insert<br>details as<br>previously | se.    | Forename(s)                | Tor ·                      |               |                           |          |             |                 |                                     |  |
| notified to<br>Companies Hous             |        | Surname                    | Lofqust                    |               |                           |          |             |                 |                                     |  |
| Companies rious                           |        |                            | Day                        | Month         | Year                      | _        |             |                 |                                     |  |
|   |        | <sup>†</sup> Date of Birth | 0 9                        | 0   5   1     | 9 5 2                     |          |             |                 |                                     |  |
|   |        |                            |                            |               |                           |          |             | •               |                                     |  |
|   |        |                            |                            |               |                           |          |             |                 |                                     |  |
|   |        |                            |                            |               |                           |          | , •         |                 |                                     |  |
|   |        |                            | <b>A a a a a</b> · · · · · |               |                           | <b></b>  | <b>-</b>    | Alon Course     |                                     |  |
|   |        |                            | A Servi                    | na aireci     | t <del>or./s</del> ecreta | rv etc i | nust sian   | tne torm i      | Jeiow.                              |  |

| 10 | п |  |
|----|---|--|
|    |   |  |
|    |   |  |

† 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.



| 8/C) | Date | 24 |
|------|------|----|
|      |      |    |

(\*\* serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

| Mark Courtney |             |   |
|---------------|-------------|---|
|               |             |   |
|               | Tel         |   |
| DX number     | DX exchange | - |

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

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 DX 235 Edinburgh

<sup>\*</sup> Voluntary details.