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JORDANS
21 St Thomas Street Bristol BS1 6JS
Telephone 0117 923 0600 Fax 0117 923 0063

288b

Please complete in typescript,
or in bold black capitals.

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

Company Number

1989172

Company Name in full

MOTOR NEURODE DISEASE (SALES) LIMITED



* F288BC40 *

Resignation form

Date of resignation

Day Month Year

24 04 1999

Resignation as director



as secretary

Please mark the appropriate box. If resignation
is as a director and secretary mark both boxes.

NAME

*Style / Title

MRS

*Honours etc

Please insert
details as
previously
notified to
Companies House.

Forename(s)

CATHERINE

Surname

WILLIAMS

†Date of Birth

Day Month Year

| | | | |

If cessation is other than
resignation, please state reason

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

Signed

Date

27-4-99

* 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

(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)

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 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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