

## 288b

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	2185080
× F 2 8 8	ompany Name in full	GJ.D MANDFACTURING MD.
Resignation form	Date of resignation Resignation as director	Day Month Year  3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Please insert details as previously notified to Companies Hous	NAME *Style / Title Forename(s) Surname se.	MR *Honours etc  GRAHAM  DAVIES
	†Date of Birth ation is other than tion, please state reason	Day Month Year
* Voluntary details. † Directors only.	Signed	A serving director, secretary etc must sign the form below.  Date 4/2/98  (by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
telephone number a DX number a	e name, address, er and, if available, and Exchange of anies House should	0 1204 363998  Tel  DX number DX exchange

Registrar of Companies at:

When you have completed and signed the form please send it to the

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 33050 Cardiff

DX 235 Edinburgh

Companies House, Crown Way, Cardiff, CF4 3UZ

for companies registered in England and Wales

for companies registered in Scotland

Form revised March 1995

COMPANIES HOUSE 10/02/98