



288b

Please complete in typescript,
or in bold black capitals.

Resignation of director or secretary

Company Number

2613993

Company Name in full

TOURETTE SYNDROME
(UK) ASSOCIATION



Resignation form

Date of resignation

Day Month Year

22 1 96

Resignation as director



as secretary



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

NAME

*Style / Title

MR

*Honours etc

Please insert
details as
previously
notified to
Companies House.

Forename(s)

~~SMITH~~ ERIK

Surname

SMITH

†Date of Birth

Day Month Year

45

If cessation is other than
resignation, please state reason

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

Signed

Date

6 4 96

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

* 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.

GCB BINGHAM

15 WICKMANS LANE LINDFIELD

Tel 01464 417099

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

