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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

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2613993

**Company Name in full** 

TOURETTE SYNDROME (UK) ASSOCIATION

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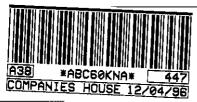
Resignation form	Date	e of resignation	Day	Month	Year 96				
	Resignation as director			as secr	etary	Please mar is as a direc	k the appropriate ctor and secreta	∍ box. If resigna y mark both bo:	tion xes.
	NAME	*Style / Title	M	2		*Honours	s etc		
Please insert details as previously notified to Companies House		Forename(s)	G.W	TIF	F	RIK	•		
	·.	Surname	Sv	niTt	-{				
			Day	Month	Year				
		<sup>†</sup> Date of Birth			45				
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Signed

\* 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.



Form revised March 1995

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

Date

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

S HICKMANS LANE

Tel OILUY WITEGE

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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