

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
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3426092

Company Name in full

TPBEALMONT MEDICAL LIMITED

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Resignation form	Date	e of resignation	Day Month Year  22   12   9 7	
	Resigna	ation as director	as secretary  Please mark the appropriate box. If resignating is as a director and secretary mark both boxes.	
	NAME	*Style / Title	*Honours etc	
Please insert details as previously		Forename(s)	BERNARD GEORGE	
notified to Companies House	∍.	Surname	PENOLE	
			Day Month Year	
		<sup>†</sup> Date of Birth	160543	
	tion is oth ion, pleas	er than se state reason		

**Signed** 

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

Α:	serving director,	secretary	etc must	sign	the form	below.

Souly	Da

12.1.98

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

MELLIOTT		***************************************
	Tel 01273 · 588577	
DX number	DX exchange	i

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

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

for companies registered in Scotland DX 235 Edinburgh

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

<sup>†</sup> Directors only.