

Please complete in typescript,
or in bold black capitals.

Resignation of director or secretary

Company Number

3802593

Company Name in full

PHARMACY 24 LIMITED



Resignation form

Date of resignation

Day Month Year

8 7 99

Resignation as director

as secretary

X

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

NAME *Style / Title

*Honours etc

Please insert details as previously notified to Companies House.

Forename(s)

Surname

YORK PLACE COMPANY SECRETARIES LIMITED

Day Month Year

†Date of Birth

If cessation is other than resignation, please state reason

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

Signed

for and on behalf of
York Place Company Nominees Limited

Date

8/7/99

* Voluntary details.
† Directors only.

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

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.



YORK PLACE COMPANY SERVICES LIMITED

12 YORK PLACE LEEDS LS1 2DS

DX 26436 LEEDS 2

TEL: 0113 242 0222 FAX: 0113 242 5904

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