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Please complete in typescript, or in bold black capitals	C	ompany Number	0000	6278				
	Comp	any Name in full	APOLL	o S	TEELS	درس د	TED	
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F288BC10			Day Month	Year				
Resignation Form		Date of resignation	30 07	99				
	, Re	esignation as director	√ as secretary	1 1	Please mark the and secretary n		e box. If resignation is a oxes.	as a director
Please insert details as previously notified to Companies House.	NAME	*Style/Title	nr		*Honou	rs etc.		
		Forename(s)	ZIVAC	WIL	LIAM			
		Surname	ADAM					
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* Voluntary details. † Directors only.		†Date of Birth	Day Month	Year 48				
		is other than please state reason					.,	
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١			A serving director,	/7] _ [e form below.	
		Signed	(by a serving director/sec	Le ook		Date	30 ZULY	। १९१
			(by a serving director/sec	letal y/ auti	madrator acar	mnstrative	sceiver/Teceiver Manag	(CITICOCITOR)
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.			E < 00K		CARCLO HOUSE, P.O. BOX 224			
			FIFE STREET SHEFFIELD S9 1YX					
					Tel	0114	2562162	
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A32 *AA COMPANIES	T7IIG0*	366 767799	When you have co Registrar of Compa Companies House for companies regis or Companies House	nies at: e, Crowr stered in	n Way, Ca England a	rdiff, CF nd Wale:	4 3UZ DX 3305	0 Cardiff

DX 235 Edinburgh for companies registered in Scotland