

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))

Com	pany	Num	ber

30869

**Company Name in full** 

THE HOSPITAL SATURDAY FUND

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Resignation form	Date of resignation Resignation as director		Day 05	Month 04	Year <b>2000</b>	
			as secretary		retary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	MISS			*Honours etc
Please insert details as previously notified to Companies House.		Forename(s)	DOROTHY OLIVE			
	e.	Surname	DENTON			
			Day	Month	Year	
		<sup>†</sup> Date of Birth	09	10	27	
	ation is oth tion, pleas	er than se state reason			1	

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

**Signed** 

Date

6 APRIL 2000

\* 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.



**COMPANIES HOUSE** Form revised iviaron 1995 (by a serving director / secretary / admini

CHIEF EXECUTIVE MR K R BRADLEY THE HOSPITAL SATURDAY FUND, 24 UPPER GROUND 020 7928 6662 LONDON SE1 9PDTel 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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh