

**Company Name in full** 

resignation, please state reason

Please complete in typescript, or in bold black capitals

## 288b

**RESIGNATION** of director or secretary (NOT for appointment (use Form 288a) or change

CHFP029		•	of particulars (use F	form 288c))
	Company Number	36142		

Resignation form Month Day Year Date of resignation 0 2 0 , 0 0 Please mark the appropriate box. If resignation Х Resignation as director is as a director and secretary mark both boxes. as secretary MISS NAME \*Style / Title \*Honours etc Please insert details as Forename(s) **LORRAINE JUNE** previously notified to Surname WHITTLE Companies House. Month Day Year †Date of Birth If cessation is other than

The Medical Protection Society Limited

P	serving	direc	tor,	secre	tary	etc	must	sig	n the	form	belov	V.

* Voluntary details.
† Directors only.
** Delete as appropriate

Signed
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(\*\* 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.



29/02/00

Form revised July 1998

MISS L J WHITTLE, MEDICAL PROTECTION SOCIETY, 33 CAVENDISH SQUARE, LONDON, W1M 0PS				
<del></del>				
	Tel 0171 399 1336			
DX number 42736	DX exchange Oxford Circus North			

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 DX 235 Edinburgh for companies registered in Scotland