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## **IORDANS**

21 St Thomas Street Bristol BS1 6JS Telephone: 0117 923 0600 Fax: 0117 923 0063

Please complete in typescript, or in bold black capitals.

## 288b

## Resignation of director or secretary

	Company Nu	mber	536904
Co * F 2 8 8	ompany Name i BC40 <del>X</del>	n full	A.S. Lowrey & Son Limited
Resignation form	Date of resig	nation [	Day Month Year 26 05 98
Please insert details as previously notified to Companies House	Resignation as d	irector	as secretary  Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style	/ Title	MR • *Honours etc
	Forena	me(s)	ALISTAIR HUGH
		name	CAMPBELL
			Day Month Year
	<sup>†</sup> Date o	f Birth	12 02 48
If cessation is other than resignation, please state reason			

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

**Signed** 

† 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.



T.G.	Rennie

4 Church Square, HARTLEPOOL

(by a serving director / secretary / administrator / administrative-re-

TS24 7EL

Tel

01429 273112

Date

29th July 1998

DX 235 Edinburgh

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 for companies registered in England and Wales

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

for companies registered in Scotland

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