

288b

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

Com	pany	Num	ıbeı
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721563

Company Name in full

STOCKPORT CHAMBER OF COMMERCE INDUSTRY



Resi	ignation
form	1

Date of resignation

Month Day Year 06 00

Resignation as director

as secretary

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

NAME

*Style / Title

MRS

*Honours etc.

Please insert details as

Forename(s)

CAROUYN

LOUISE

previously notified to Companies House.

Surname

ROBSON - UPHILL

Day

Month

Year

†Date of Birth

10

56 10

If cessation is other than resignation, please state reason

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

Signed

Date i

13.00.00

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

* 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

14/06/00

Form revised iviaton 1995

Tel 0161

480 0371

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