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Please complete in typescript, or in bold black capitals.

## 288b

## Resignation of director or secretary

Company Number			01032349						
Co * F 2 8 8	empany I	Name in full	Tue	Assey	Hay	REIGATE	fore 7	'y <u>L</u> .	niten
· ·	Resigna  NAME  se.	of resignation [ tion as director   *Style / Title   Forename(s)   Surname    †Date of Birth   er than   e state reason	Day  12  Miss  Linga  Bacca  Day  07	7.	Year  Part  Year  Year		rector and seci	rriate box. If res retary mark both	
* Voluntary details. † Directors only.  Please give the telephone number the person Commontact if there is not contact.	ber and, if and Exc apanies Hor s any query	available, hange of use should	)X nu hen y egistr ompa r com	mber rou have ar of Con inies Hou panies remies Hounies Hounie	completed in the complete and the comple	Tel o 1737  DX excha	Date  ministrative record  Hruce  RHr  inge  the form pl  rdiff, CF4 31  nd Wales	eiver / teceiver n  469  763771  ease send it  UZ DX 33  or  gh, EH1 2EI	nanager / receive