

Please complete in typescript, or in bold black capitals

288b

Resignation of director or secretary

	Company Number	16391	44 				
	Sedgwick Noble Lowndes Healthcare Limited						
* F2	88BD40 *						
Resignatio	n						
orm		Day	Month	Year			
	Date of resignation	05	10	99			
	Resignation as director				Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.		
71	NAME *Style / Title	Mr			*Honours etc		
Please insert details as	Forename(s)	Michael John					
previously notified to Companies Ho	Surname Surname	GOODW	GOODWIN				
	† Date of Birth	Day Month Year					
If ces resig							
		A servin	ng directo	r, secreta	ry etc must sign the	e form below.	
Voluntary details. Directors only.	Signed	De	41	<u>Me</u>	Date	14-11-99	
		(by a servir	ng director / s	ecretary / adi	ministrator / administrative	receiver / receiver manager / receiver)	
Please give the	A H M CORMACK						

telephone number and, if available, a DX number and exchange of the person Companies House should contact if there is any query



COMPANIES HOUSE

16/11/99

Form revised March 1995

A H M CORMACK	
Sackville House	143/149 Fenchurch Street
LONDON	Tel 0171 377 3456

When you have completed and signed the form please send it to the Registrar of Companies at:

DX exchange

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 number

DX 235 Edinburgh