

Resignation of director or secretary Please complete in typescript,

or in bold black	capitals.	•					
	Company Number			2864918			
Company Name in full			THE SHERWOOD PSYCHOTHERAPY TRAINING INSTITUTE LIMITED				
*F288	BE 6	 O *					
Resignation	on		Day	Month	Year		
form	Date of resignation		28	12	1999		
	Resignation as director			as secre	tary X		propriate box. If resignation is as etary mark both boxes
	NAME	*Style/Title				*Honours etc	
Please insert de as previously notified to Companies Ho	etails	Forename(s)	MAIRI	MARGARET	-		
		Surname	EVANS				
			Day	Month	Year		· ·
		† Date of Birth					
If cessation is other than resignation, please state reason			Death				

*	Vol	intary	details
		uritary	ac tuno

† Directors only.

Signed

13/03/00

Date

(by a serving director/secretary/adminstrator/administrative receiver/receiver manager/receiver)

BENTLEY JENNISON, SUITE 1.2, CLARENDON PARK, OFF

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

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

CLUMBER AVENUE, NOTTINGHAM, NG5 1AH Tel 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

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland DX 235 Edinburgh BJ/GKA/1788B