

Please complete in typescript,

RESIGNATION of director or secretary

Company Name in full X F 2 8 8 B 0 1 9 × Resignation form Date of resignation Resignation as director NAME Style / Title Please insert details as previously notified to Surname Companies House. Day Month Year 1 99 Please mark the appropriate box. If resignation as secretary Please mark the appropriate box. If resignation as a director and secretary mark both boxes. NAME Style / Title Please insert details as Forename(s) Previously notified to Surname Companies House. Day Month Year 1 Date of Birth If cessation is other than resignation, please state reason A serving director, secretary etc must sign the form below. Day Month Year 1 Date Day Month Year 1 Date Day Month Year 1 Directors only. Date Day I 99 Nountary details. 1 Directors only. The East Policies Town Th	or in bold black	capitals.	(NOT for	appoin	tmen		orm 28	•	•
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contact if there is any query. CT 20 2XLTel 9 303 220 1440	the person Comp	anies House should	THE C	YKAND 2XI		1HC 01	203	220	35TONE 440
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 Cardi			When you hav Registrar of Co	ompanies	ed and : at:	signed the	·		



Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for companies registered in Scotland

DX 235 DX 235 Edinburgh