

Please complete in typescript, or in bold black capitals.

RESIGNATION of director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

Company Number

2925328

Company Name in full

THE INSTITUTE OF COMMUNITY CARE

MANAGEMENT

* F	28	A R	0.1	Y P

Resignation form	Date of resignation		Day 28	Month 10	Year 9 C	Please mark the appropriate box. If resignation
	Resigna	ation as director		as secr	etary	is as a director and secretary mark both boxes.
	NAME	*Style / Title	MR			*Honours etc
Please insert details as previously notified to Companies House.		Forename(s)	Jo	HN G	ORDON	
	e.	Surname	LIN	DLEY		
oompamoo ouo			Day	Month	Year	
		†Date of Birth	25	03	29	
If cessa	tion is oth	er than				

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

Signed

Date

29 Odboar 96

* 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.

resignation, please state reason



COMPANIES HOUSE 30/10/96

Form revised March 1995

CHRISTIA	IE HA	1HURST, THE INSTITUTE OF
MANAG	EMENT	-, 2 SAVOY COURT, LONDON
wer	DEZ	Tel 0171-497 0580
DX number		DX exchange

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

DX 33050 Cardiff Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh