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Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	2926612
Co	ompany Name in full	SAFEWARE QUASAR LIMITED
¥ F 2 8 8	B019*	
Resignation form	Date of resignation	Day Month Year O9 06 00.
	Resignation as director	as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style / Title	*Honours etc
Please insert details as previously notified to Companies Hous	Forename(s)	PETER
	Surname	Robinson
		Day Month Year
	[†] Date of Birth	07 09 29
If cessation is other than resignation, please state reason		
		A serving director/secretary etc must sign the form below.
	Signed	Chapurus Date 14-06 - 2000
* Voluntary details. † Directors only.		(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver)
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.		Tel
		DX number DX exchange
A40 *AXDPRRF6* 0125		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 Cardiff for companies registered in England and Wales or

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

DX 235 Edinburgh

for companies registered in Scotland

Form revised March 1995

COMPANIES HOUSE

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17/06/00