

Please complete in typescript, or in bold black capitals. CHFP000

**Company Number** 

## 288b

## **RESIGNATION** of director or secretary

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

2390699

**Company Name in full** 

S.I. PERIPHERAL SOLUTIONS LTO

Resignation form		e of resignation	Day Month Year    6   4   9   9   9
	Resigna	ation as director	as secretary  Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hou	NAME	*Style / Title	*Honours etc
		Forename(s)	CLIFFORD WILFRED
	vieo	Surname	CREES
	Juse.		Day Month Year
		<sup>†</sup> Date of Birth	18 21917
	If cessation is other than resignation, please state reason		

*	Voluntary	details.
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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.



Form revised daily 1000

	A serving director, secretary etc must sign the form below.					
Signed				Date	4/3/99	

(\*\* serving director / secretary / administrator / administrative receiver / receiver manager / receiver

		,
	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 DX 33050 Cardiff for companies registered in England and Wales or

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

DX 235 Edinburgh

<sup>†</sup> Directors only.

<sup>\*\*</sup> Delete as appropriate