

Please complete in typescript, or in bold black capitals.

288b

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

of particulars (use Form 288c))

Company I	Number
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3037559

Company Name in full

INSTITUTE AND FACULTY EDUCATION

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Resignation form	Date of resignation Resignation as director		Day 27	Month 6 as secr	Year oS etary	1	the appropriate box, If resignation or and secretary mark both boxes.
	NAME	*Style / Title		···		*Honours	Γ
Please insert details as previously notified to Companies Hous		Forename(s)	WIL	LIAM	JOHN		
	e	Surname	ROBERTSON				
Companies rious	··		Day	Month	Year		
		[†] Date of Birth	8	10	53		
	tion is oth tion, pleas	er than e state reason					

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

Signed

PAHrogan

Date

28/6/05

* Voluntary details. † Directors only.

PAULINE HARGRAVES, INSTITUTE OF ACTUARIES,

STAPLE INN HALL HIGH HOLBORN, LOWDOW WOLF FOT

0207 632 2125

DX number

DX exchange

(by a serving director / secretary / administrator / administrator receiver / receiver / receiver manager / receiver

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

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

DX 235 Edinburgh

contact if there is any query.

Please give the name, address,

telephone number and, if available, a DX number and Exchange of

the person Companies House should

COMPANIES HOUSE 30/06/05

Form revised March 1995