

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 N	Number
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3037559

Company Name in full

INSTITUTE AND FACULTY EDUCATION LIMITED

* F	28	RR	0.1	9 *

Resignation form	Date	e of resignation	Day	Month 12	Year 99	
Resignation as directo		ation as director		a	s 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 House		Forename(s)	MICH	IAEL	Rober	Τ
	e.	Surname	KIPL	ING		
•			Day	Month	Year	
		[†] Date of Birth	30	03	57	
_	tion is othe	er than e state reason				

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

* Voluntary details.

Signed

Date

31/5/2000

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.

† Directors only.

08/06/00 COMPANIES HOUSE

Form revised March 1995

RICHARD THWAITES, INSTITUTE OF ACTUARIES, STAPLE INN HALL, HIGH HOLBORN, LONDON, WCIV 7QJ DX number

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