

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

**RESIGNATION** of director or secretary

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

288

Company Number

3693	526		

Company	Name	in	full
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MGRCIA	HEALTH CARE	(MOLDINGS)	LIMITES.	
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Resignatior form		e of resignation	Day	Month 0 4	Year 2 0 0 0 0	5	
	Resign	ation as director	V		as secretary		Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title	MR			*H	onours etc
Please insert details as previously notified to Companies Hous		Forename(s)	Ŋ <b>A</b> J:	1 Russ	SCIL.		
		Surname	CLE	MENTS			
	use.		Day	Month	Year		
		†Date of Birth	019	4	1194	3	
If cessation is other than resignation, please state reason							

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

Signed

Date

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250

11/4/00

MOSPITAL.

DX 235 Edinburgh

MCRCIA

STONE BUIL

DX number

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

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Tel

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.



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

DX exchange

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for companies registered in England and Wales

01432

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

KENLIVERE

Form revised July 1998

\* Voluntary details. † Directors only. \*\* Delete as appropriate