

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 Number** HEALTHCARE full

Resignati form	Date	e of resignation ation as director *Style / Title	Day Month Year 31 03 98 Please mark the appropriate box. If resignation is as a director and secretary mark both boxes. *Honours etc
Please insedetails as previously notified to Companies		Forename(s) Surname	PARTICK DOCHERTY
if	cessation is oth		Day Month Year 31 08 49 CERSED

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

Signed

Date

(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.

* Voluntary details.

† Directors only.



DX exchange DX number

When you have completed and signed the form please send it to the

Registrar of Companies at: DX 33050 Cardiff

Companies House, Crown Way, Cardiff, CF4 3UZ for companies registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh