

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

Company Number

Company Name in full

Terminating appointment as director or secretary (NOT for appointment (use Form 288a) or change of particulars (use Form 288c))

MATIGNAL BACK PAIN ASSOCIATION

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•			Day	Month	Year			
Date of te	ermination	of appointment	1 1	0 3	2005			
		as director	V	· · · · · · · · · · · · · · · · · · ·	as secretary		k the appropriate box. If terminating tt as a director and secretary mark	
Please insert details as previously notified to Companies Hou	NAME	*Style / Title		ME		*Honours etc		
		Forename(s)	હ	REGOR	1 PHY		<u> </u>	
		Surname	S	HARP.				
	SC.		Day	Month	Year			
		†Date of Birth	2 12	0 14	1 9 4 5			
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A serving director, secretary etc must sign the form below.

* Voluntary de	tails.
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Form revised 1999

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.



26/05/05

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Signed

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KEN TAYINR Roms IL ELMTREE TEDDINGTON M プランドルルルド Tei TWH BOT 020 8977 5474 DX number DX exchange

Date

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

Companies House, Crown Way, Cardiff, CF14 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

[†] Directors only.

Delete as appropriate