

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

RESIGNATION of director or secretary 7e

(NOT for	appoin	tment ('use F	-orm	288a)	or	chang
	of par	ticulars	s (use	Fori	n 288	c))	

Company Number

936855

Company Name in full

BACK PAIN ASSOCIATION

Resignation form			Day	Month	Year	_
	Date of resignation		ા ૧	c 5	1 9 9 9	
	Resignation as director				as secretary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
Please insert details as previously notified to Companies Hous	NAME	*Style / Title	ı	MRS		*Honours etc
		Forename(s)	PATRICIA PHYLLIS			
	se.	Surname	WRIGHT.			
			Day	Month	Year	
		[†] Date of Birth	1 1	0 1	1 9 4 5	
	ation is oth	er than		<u> </u>		

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

Signed/ * Voluntary details. † Directors only. ** Delete as appropriate

Date

(** 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.



K. TAYLOR ROAD ELMTREE TEDDINGTON MIDDLESEX. Tel THIN 8ST. 0181 977 5474 DX number DX exchange

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

Form revised July 1998