

Please complete in typescript. or in bold L CHFP000

**RESIGNATION** of director or secretary 288a) or change m 288c))

black capitals.	(NOT	for appointment (use Form of particulars (use For
Company Numb	er 🗀	1.0.

936855

25 OCT 1933

**Company Name in full** 

NATIONAL	BACK	PAIN	ASSOCIATION.	

Resignation form	Date	e of resignation	Day	Month	Year	
	Resigna	ation as director			as secretary	Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME	*Style / Title		MŁ		*Honours etc
Please insert details as previously notified to Companies House		Forename(s)	PE	TER	GEORGE	
		Surname	Moore			
	е.		Day	Month	Year	
		<sup>†</sup> Date of Birth	3   1	1 2	1 9 5 3	
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A serving director, secretary etc must sign the form below.

Signed	~γ
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Date

22-10-99

\* Voluntary details.

† Directors only.
\*\* Delete as appropriate

(\*\* 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		
16 ELMTREE	RUAD, TEDDINGTON MIDDLESER.	
THE BST.	Tel 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

