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Please complete in typescript, or in bold black capitals.

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Resignation of director or secretary

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Resignation form	Date	e of resignation	Day	Month S	Year						
	Resignation as director		/ ac coerotany				mark the appropriate box. If resignation lirector and secretary mark both boxes.				
Please insert details as previously notified to Companies Hous	NAME	*Style / Title		MR			*Honours	s etc			
		Forename(s)		DICK	SN						
	se.	Surname		WEIK	- HUG	HE	IJ				_
		†Date of Birth	Day	Month	Year						
	ation is oth ation, pleas	er than [se state reason [<u> </u>							
			A servi	ng direct	or, secre	tary	etc must	sign the	form be	elow.	
* Voluntary details. † Directors only.		Signed	(by a serv	1	Ultintyl secretary/s		strator / admin	Date strative rec	<u>,</u>	AnyuM i 99)	
Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should								I J WHI	TTINGHA PRSET RO N	AM MA	
contact if there i	s any query	<i>1</i> .	Tel 0,81-540-8454								
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Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

for companies registered in Scotland