

Notification by officeholder of resignation or retirement

This form must be accompanied by a copy of the letter of resignation, as provided to the company.

If there is insufficient space in any section of the form, you may photocopy the relevant page(s) and submit as part of this lodgement

Company details

Company name

MT. EVELYN & DISTRICTS FINANCIAL SERVICES LTD.

ACN

096 782 240

Lodgement details

Who should ASIC contact if there is a query about this form?

Firm/organisation

MT. EVELYN & DISTRICTS FINANCIAL SERVICES LTD.

Contact name/position description

JAMES CHAPMAN, DIRECTOR.

ASIC registered agent number (if applicable)

Telephone number

0402 652 511

Postal address or DX address

SHOP 2, 35-39 WRAY CRESCENT

MT. EVELYN VICTORIA 3796

1 Officeholder details

Family name

CARSWELL

Given names

ARCH CAMPBELL

Former family and given name (if any)

Date of birth

29/11/37

[D] [D] [M] [M] [Y] [Y]

Place of birth (town/city)

DUMFRIES

(state/country)

SCOTLAND

2 Resignation or retirement details

Office held

☒ Director

☐ Secretary

☐ Alternate director

Date of cessation

31/03/09

[D] [D] [M] [M] [Y] [Y]

Signature

This form must be signed by the resigning company officeholder.

I certify that the information in this form is true and complete and that the attached document marked () is a true copy of the original letter of resignation given to the company on the following date:

Date letter of resignation sent to company

3 1 / 0 3 / 0 9
[D] [D] [M] [M] [Y] [Y]

Name

ARCH CARSWELL

Signature

Arch Carswell

Date signed

3 1 / 0 3 / 0 9
[D] [D] [M] [M] [Y] [Y]

Lodgement

Send completed and signed forms to:
Australian Securities and Investments Commission,
PO Box 4000, Gippsland Mail Centre VIC 3841.

Or lodge the form electronically by visiting the ASIC website
www.asic.gov.au

For help or more information

Telephone 1300 300 630
Email info.enquiries@asic.gov.au
Web www.asic.gov.au