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| **To:** | The Directors |
|  | COMPANY NAME LIMITED (Company registration number) |
|  | Registered office address line 1 |
|  | Registered office address line 2 |
|  | Town |
|  | County |
|  | Postcode |
|  |  |
|  | Date |

To the Directors,

**Notification of removal of alternate director**

Please accept this letter as formal notice that it is my intention that the appointment of Name of alternate director as my alternate director be revoked with effect from Date.

Yours faithfully

|  |  |
| --- | --- |
| Signed: |  |
|  |  |
|  |  |
|  |  |
| Dated: |  |