



Change of Particulars for Director

Company Name: **MUNICIPAL MUTUAL INSURANCE LIMITED**

Company Number: **00076678**



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XAVGPU2R

Details Prior to Change

Original name: **MR SHAUN LAIRD**

Date of Birth: ****/01/1971**

New Details

Date of Change: **01/01/2022**

The usual residential address of this person has not changed

Change of Occupation **CHIEF FINANCE OFFICER**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor