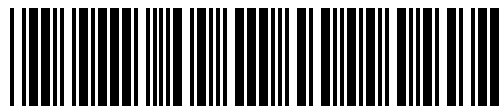




## Appointment of Director

Company Name: **ELIZABETH FINN CARE**

Company Number: **00515297**



Received for filing in Electronic Format on the: **04/10/2023**

XCDGKVLN

### New Appointment Details

Date of Appointment: **21/09/2023**

Name: **MR KAVEED ALI**

The company confirms that the person named has consented to act as a director.

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/02/1989**

Nationality: **BRITISH**

Occupation: **CHARITY DIRECTOR**

## **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**