



## Appointment of Director

Company Name: **SPECTACLE THEATRE LIMITED**

Company Number: **01555311**



Received for filing in Electronic Format on the: **13/03/2024**

XCYTKTGJ

### New Appointment Details

Date of Appointment: **06/02/2024**

Name: **MRS ALLYSON GRIFFITHS**

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

Service Address: **15 LITTLE WIND STREET  
ABERDARE  
WALES  
CF44 7EU**

Country/State Usually Resident: **WALES**

Date of Birth: **\*\*/08/1959**

Nationality: **BRITISH**

Occupation: **SELF EMPLOYED**

## **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**