



Appointment of Director

Company Name: **DISABILITY NORTH**

Company Number: **01781525**



Received for filing in Electronic Format on the: **04/02/2021**

X9XN3NIJ

New Appointment Details

Date of Appointment: **07/01/2021**

Name: **MR ADAM GAWNE**

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: ****/09/1987**

Nationality: **BRITISH**

Occupation: **COORDINATOR**

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