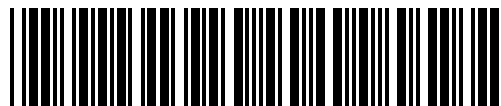




Appointment of Director

Company Name: **MOTOR NEURONE DISEASE ASSOCIATION**

Company Number: **02007023**



Received for filing in Electronic Format on the: **13/07/2022**

XB85I6K0

New Appointment Details

Date of Appointment: **27/06/2022**

Name: **MS SUSAN FLETCHER WATTS**

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

Service Address: **NOTTYNGHAM FEE HOUSE NOTTINGHAM FEE
BLEWBURY
OXFORDSHORE
ENGLAND
OX11 9PG**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/07/1961**

Nationality: **BRITISH**

Occupation: **RETIRED**

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