



Appointment of Director

Company Name: **MOTOR NEURONE DISEASE ASSOCIATION**

Company Number: **02007023**



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New Appointment Details

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

Name: **MR IAN LEV**

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

Service Address: **142 WATKINS WAY
BIDEFORD
ENGLAND
EX39 4FP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1958**

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