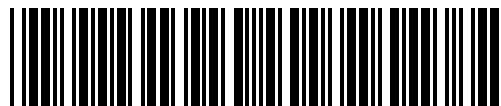




Appointment of Director

Company Name: **MOTOR NEURONE DISEASE ASSOCIATION**

Company Number: **02007023**



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

XB85IAHC

New Appointment Details

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

Name: **DR KATHERINE JACKSON**

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

Service Address: **84 WAY LANE
WATERBEACH
CAMBRIDGE
ENGLAND
CB25 9NQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1984**

Nationality: **BRITISH**

Occupation: **CLINICAL PSYCHOLOGIST**

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