



## Change of Particulars for Director

Company Name: **MOTOR NEURONE DISEASE ASSOCIATION**

Company Number: **02007023**



Received for filing in Electronic Format on the: **30/01/2023**

XBWA1GVF

### Details Prior to Change

Original name: **MS SUSAN JANE FLETCHER WATTS**

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

### New Details

Date of Change: **30/01/2023**

Service address recorded as Company's registered office

## **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