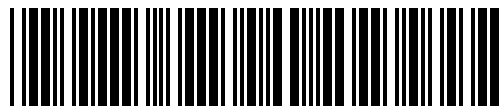




Appointment of Director

Company Name: **MOTOR NEURONE DISEASE ASSOCIATION**

Company Number: **02007023**



Received for filing in Electronic Format on the: **04/07/2023**

XC71JTCA

New Appointment Details

Date of Appointment: **01/07/2023**

Name: **MS HAZEL ELAINE CARTER**

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: ****/01/1957**

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