



## Appointment of Director

Company Name: **CLOVERFIELD NUMBER 1 RESIDENTS ASSOCIATION LIMITED**

Company Number: **02552610**



A7FHSRRU

Received for filing on the: **29/09/2018**

### **New Appointment Details**

Date of Appointment: **22/09/2018**

Name: **MRS TRACEY LYNDA SATCHELL**

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

Service Address: **73 MAGDALEN STREET  
THETFORD  
NORFOLK  
UNITED KINGDOM  
IP24 2DA**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/04/1968**

Nationality: **ENGLISH**

Occupation: **NONE**

## 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