



Appointment of Director

Company Name: **HEALTH CLAIMS BUREAU LIMITED**

Company Number: **02820780**



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New Appointment Details

Date of Appointment: **01/01/2022**

Name: **MS LORAIN KAREN VAN EEDEN**

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

Service Address: **THE POWER HOUSE HIGH STREET
ARDINGTON
WANTAGE
ENGLAND
OX12 8PS**

Country/State Usually Resident: **SOUTH AFRICA**

Date of Birth: ****/03/1958**

Nationality: **SOUTH AFRICAN**

Occupation: **CONSULTANT**

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