



## Change of Particulars for Director

Company Name: **ALPHA INSURANCE ANALYSTS LTD.**

Company Number: **02915929**



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### Details Prior to Change

Original name: **MR MICHAEL JOHN MEACOCK**

Date of Birth: **\*\*/07/1937**

### New Details

Date of Change: **12/11/2021**

The usual residential address of this person has not changed

Change of Occupation **LLOYD'S UNDERWRITER**

## **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