



Appointment of Director

Company Name: **CENTRE OF SIGN-SIGHT-SOUND Y GANOLFAN ARWYDDO-GOLWG-SAIN**

Company Number: **02959589**



Received for filing in Electronic Format on the: **14/01/2021**

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New Appointment Details

Date of Appointment: **11/01/2021**

Name: **MS NIA ROBERTS**

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: **WALES**

Date of Birth: ****/01/1963**

Nationality: **BRITISH**

Occupation: **CIVIL SERVANT**

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