



## Appointment of Director

Company Name: **ST ANDREW'S INSURANCE PLC**

Company Number: **03104671**



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XCBNO5SA

### New Appointment Details

Date of Appointment: **01/09/2023**

Name: **MR MICHAEL DOWNIE**

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

Service Address: **69 MORRISON STREET  
EDINBURGH  
UNITED KINGDOM  
EH3 8YF**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: **\*\*/05/1976**

Nationality: **BRITISH**

Occupation: **COMPANY DIRECTOR**

## **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**