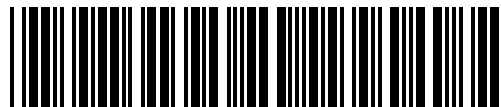




## Change of Particulars for Director

Company Name: **COMMUNITY HEALTH PARTNERSHIPS LIMITED**

Company Number: **04220587**



Received for filing in Electronic Format on the: **16/07/2021**

XA8UWOH6

### Details Prior to Change

Original name: **MR MATTHEW THOMAS HOLLOWAY**

Date of Birth: **\*\*/07/1984**

### New Details

Date of Change: **14/07/2021**

The usual residential address of this person has not changed

Change of Occupation **CHARTERED ACCOUNTANT**

## **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