



Appointment of Director

Company Name: **TWO RIVERS HOUSING**

Company Number: **04263691**



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New Appointment Details

Date of Appointment: **01/04/2024**

Name: **MRS SHARON WILKINS**

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

Service Address: **11 BISHOPS GATE
LYDNEY
ENGLAND
GL15 5TG**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/03/1970**

Nationality: **BRITISH**

Occupation: **EXECUTIVE 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