



Appointment of Director

Company Name: **HORSHAM CHIROPRACTIC CENTRE LTD**

Company Number: **04642468**



Received for filing in Electronic Format on the: **17/03/2020**

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New Appointment Details

Date of Appointment: **09/01/2020**

Name: **DR SIOBHAN FOWLE**

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

Service Address: **PARKWAY NORTH PARADE
HORSHAM
ENGLAND
RH12 2BH**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/06/1955**

Nationality: **BRITISH**

Occupation: **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