



## Appointment of Director

Company Name: **Adults Supporting Adults (ASA Shared Lives)**

Company Number: **05045034**



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**X8Y4ZK4B**

### **New Appointment Details**

Date of Appointment: **06/12/2019**

Name: **MISS OLIVIA ARMSTRONG**

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

Service Address: **16 CLAY HILL ROAD  
SLEAFORD  
LINCOLNSHIRE  
ENGLAND  
NG34 7TF**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/01/1992**

Nationality: **BRITISH**

Occupation: **TEAM LEADER**

## **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**