



Appointment of Director

Company Name: **OPTIONS AUTISM (4) LIMITED**

Company Number: **05697738**



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New Appointment Details

Date of Appointment: **01/09/2022**

Name: **MR CHRISTOPHER JOHN GROOM**

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

Service Address: **ATRIA SPA ROAD
BOLTON
ENGLAND
BL1 4AG**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1975**

Nationality: **BRITISH**

Occupation: **REGIONAL DIRECTOR OF EDUCATION**

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