



## Appointment of Director

Company Name: **NATIONAL MIGRAINE CENTRE**

Company Number: **05846538**



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XBHWROD4

### New Appointment Details

Date of Appointment: **28/10/2022**

Name: **MS KATIE COTTON**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/11/1977**

Nationality: **BRITISH**

Occupation: **CHARITY WORKER**

## **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**