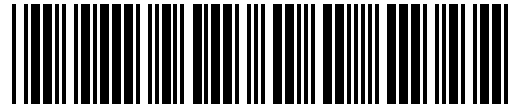




## Termination of a Director Appointment

Company Name: **NATIONAL MIGRAINE CENTRE**

Company Number: **05846538**



Received for filing in Electronic Format on the: **30/11/2023**

XCHCZZG1

### Termination Details

Date of termination: **22/11/2023**

Name: **MRS RUTH HELEN ROBERTSON**

### Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.