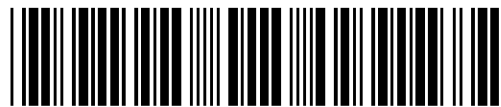




Appointment of Director

Company Name: **HFM COLUMBUS INSURANCE SERVICES LIMITED**

Company Number: **06281532**



Received for filing in Electronic Format on the: **10/04/2019**

X83439XP

New Appointment Details

Date of Appointment: **05/04/2019**

Name: **MR MICHAEL PETER REA**

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: ****/02/1966**

Nationality: **BRITISH**

Occupation: **COMPANY 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