Companies House

CH01 (ef)

Change of Particulars for Director

X4DMS2L6

Company Name: **TRIPLE WEST MEDICAL LIMITED**

Company Number: **06338025**

Received for filing in Electronic Format on the: **12/08/2015**

Details Prior to Change

Original Name: **MR ORCUN ORUC**

Date of Birth: **24/05/1980**

New Details

Date of Change: **08/08/2015**

Service Address recorded as Company's registered office

The usual residential address of this person has not changed

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.