



Appointment of Director

Company Name: **WE FIGHT ANY CLAIM LIMITED**

Company Number: **06649961**



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New Appointment Details

Date of Appointment: **01/05/2019**

Name: **MISS GABRIELLA LOUISE COCCHIARA**

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

Service Address: **54 GAER PARK ROAD
NEWPORT
WALES
NP20 3NJ**

Country/State Usually
Resident: **WALES**

Date of Birth: ****/01/1967**

Nationality: **BRITISH**

Occupation: **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