



Termination of a Director Appointment

Company Name: **INCLUSION CARE GROUP LIMITED**

Company Number: **07604711**



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Resignation Details

Date of resignation: **01/04/2014**

Name: **MR PAUL WILCOX**

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.