



Appointment of Director

Company Name: **DEACON INSURANCE SERVICES LIMITED**

Company Number: **08506161**



Received for filing in Electronic Format on the: **02/10/2019**

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New Appointment Details

Date of Appointment: **13/09/2019**

Name: **MR CHARLES CRAWFORD**

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

Service Address: **THE WALBROOK BUILDING 25 WALBROOK
LONDON
UNITED KINGDOM
EC4N 8AW**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: ****/03/1964**

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