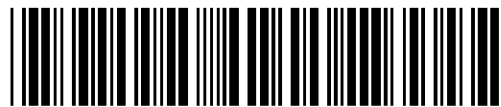




## Appointment of Director

Company Name: **CAPITAL ALLOWANCE REVIEW SERVICE LIMITED**

Company Number: **08737153**



Received for filing in Electronic Format on the: **15/10/2020**

**X9FQHUM1**

### **New Appointment Details**

Date of Appointment: **06/10/2020**

Name: **MR MICHAEL BURGESS**

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: **\*\*/06/1981**

Nationality: **BRITISH**

Occupation: **ACCOUNTANT**

## **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**