



**Change of individual person with
significant control (PSC) details**

Company Name: **M A F OCCUPATIONAL THERAPY SERVICES LIMITED**

Company Number: **10879183**



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Details Prior to Change

Name: **MRS MARCELLE ANNE-MARIE FIELD**

Date of Birth: ****/07/1971**

New Details

Date of Change: **14/02/2020**

Service address recorded as Company's registered office

New Country/State **UNITED KINGDOM**

Usually Resident:

Register entry date

Register entry date **14/02/2020**

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