



Appointment of Director

Company Name: **CENTRE FOR HOMELESSNESS IMPACT**

Company Number: **11732500**



Received for filing in Electronic Format on the: **13/03/2024**

XCYT04D7

New Appointment Details

Date of Appointment: **29/02/2024**

Name: **MR. DARREN PETER CROCKER**

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: ****/01/1973**

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