



## Change of Particulars for Director

Company Name: **NORTH EDINBURGH DEMENTIA CARE**

Company Number: **SC157235**



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XBZSMVWP

### Details Prior to Change

Original name: **MR COLIN TOMASSI**

Date of Birth: **\*\*/01/1963**

### New Details

Date of Change: **09/03/2023**

The usual residential address of this person has not changed

Change of Occupation **RETIRED**

## **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