



Appointment of Director

Company Name: **ST. HELENA HOSPICE LIMITED**

Company Number: **01511841**



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New Appointment Details

Date of Appointment: **26/07/2023**

Name: **MRS JOANNE TONKIN**

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

Service Address: **POYNINGS UPPER STREET
STRATFORD ST. MARY
COLCHESTER
ENGLAND
CO7 6LW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/03/1965**

Nationality: **BRITISH**

Occupation: **LEAD NURSE PALLIATIVE AND END OF LIFE CARE**

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