



Companies House

**AP01** (ef)

**Appointment of Director**



X3IGB4G3

*Company Name:* **MOTOR NEURONE DISEASE (SALES) LIMITED**

*Company Number:* **01989172**

*Received for filing in Electronic Format on the:* **13/10/2014**

---

*New Appointment Details*

*Date of Appointment:* **13/09/2014**

*Name:* **MR DAVID ALUN WYNNE OWEN**

*Consented to Act:* **YES**

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **ENGLAND**

*Date of Birth:* **06/10/1960**

*Nationality:* **BRITISH**

*Occupation:* **COLLEGE DIRECTOR**

*Former Names:*       ALUN OWEN

---

## *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.