Companies House

AP01 (ef)

Appointment of Director

Company Name: **MOTOR NEURONE DISEASE (SALES) LIMITED**
Company Number: **01989172**

Received for filing in Electronic Format on the: **12/06/2018**

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New Appointment Details

Date of Appointment: **12/05/2018**

Name: **MR NEIL ANDREW FRAY**

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: ****/08/1961**

Nationality: **BRITISH**

Occupation: **FINANCE 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