



**Appointment of Director**

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

Company Number: **01989172**



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## **New Appointment Details**

Date of Appointment: **27/06/2022**

Name: **DR USMAN AWAIS KHAN**

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

Service Address: **37 LISBURNE ROAD  
LONDON  
ENGLAND  
NW3 2NS**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/08/1963**

Nationality: **BRITISH**

Occupation: **CONSULTANT**

## **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**