



Appointment of Director

Company Name: **CORNWALL CARE LIMITED**

Company Number: **03079623**



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New Appointment Details

Date of Appointment: **21/10/2022**

Name: **MR PETER JOHN WILLIAMS**

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

Service Address: **CHAMBER COURT CASTLE STREET
WORCESTER
ENGLAND
WR1 3ZQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/04/1970**

Nationality: **BRITISH**

Occupation: **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