



## Appointment of Director

Company Name: **ANDOVER CHIROPRACTIC CENTRE LTD**

Company Number: **05541690**



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### New Appointment Details

Date of Appointment: **08/08/2022**

Name: **MISS ANJALI SINGH ROATH**

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

Service Address: **34 EAST STREET  
ANDOVER  
ENGLAND  
SP10 1ES**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/08/2006**

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**