



## Change of Particulars for Director

Company Name: **MAITLAND CARE LIMITED**

Company Number: **06940612**



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### Details Prior to Change

Original name: **MRS ARLETTE LEFEVER**

Date of Birth: **\*\*/07/1980**

### New Details

Date of Change: **05/04/2023**

New Name: **MRS BENIE ARLETTE LELINTHIA LEFEVER**

The usual residential address of this person has not changed

## **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