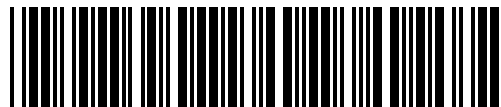




Appointment of Director

Company Name: **HAVEN METHODIST CARE LTD**

Company Number: **13188605**



Received for filing in Electronic Format on the: **17/05/2021**

XA4O6MJS

New Appointment Details

Date of Appointment: **13/05/2021**

Name: **MR MICHAEL ROBERTS**

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

Service Address: **17 MOUNT AVENUE
WRENTHORPE
WAKEFIELD
ENGLAND
WF2 0QQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/07/1943**

Nationality: **BRITISH**

Occupation: **RETIRED BANK MANAGER**

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