



Change of Particulars for Director

Company Name: **Provident Insurance Ltd**

Company Number: **00877728**



Received for filing in Electronic Format on the: **02/06/2023**

XC4T1HE8

Details Prior to Change

Original name: **MR JOHN PETER CLARKSON ALLEN**

Date of Birth: ****/01/1977**

New Details

Date of Change: **01/06/2023**

New Service Address: **A&B MILL DEAN CLOUGH HALIFAX
UNITED KINGDOM HX3 5AX**

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