



Appointment of Director

Company Name: **ST CUTHBERT'S CARE**

Company Number: **01645917**



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New Appointment Details

Date of Appointment: **24/01/2020**

Name: **DR KATHRYN MANNIX**

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

Service Address: **21 THE BEECHES
PONTELAND
NEWCASTLE UPON TYNE
ENGLAND
NE20 9SZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1959**

Nationality: **BRITISH**

Occupation: **RETIRED PHYSICIAN; MEDICAL WRITER**

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