



Termination of a Director Appointment

Company Name: **DISABILITY NORTH**

Company Number: **01781525**



Received for filing in Electronic Format on the: **20/07/2021**

XA95BSAO

Termination Details

Date of termination: **07/07/2021**

Name: **MRS MARIA HOOD**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.