

## **Appointment of Director**

Company Name: **HIJINX THEATRE** 

Company Number: 02161783

Received for filing in Electronic Format on the: 21/03/2023

## **New Appointment Details**

Date of Appointment: 09/03/2023

MS ALLISON PHILIPPA POWELL Name:

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

Service address recorded as Company's registered office

Former Names: **ALLISON VALE** 

Country/State Usually

Resident:

**WALES** 

Date of Birth: \*\*/03/1967

Nationality: **BRITISH** 

Occupation: SPECIALIST ADVISORY TEACHER; NON-FICTION WRITER

## **Authorisation**

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