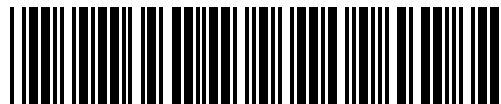




Change of Particulars for Director

Company Name: **THE INSTITUTE OF MAXILLOFACIAL PROSTHETISTS AND TECHNOLOGISTS**

Company Number: **02334615**



Received for filing in Electronic Format on the: **08/03/2022**

XAZCAEKZ

Details Prior to Change

Original name: **MS SIAN HAYWARD**

Date of Birth: ****/02/1991**

New Details

Date of Change: **07/03/2022**

New Name: **MRS SIAN CAMPBELL**

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