



Termination of a Director Appointment

Company Name: **BRAIN INJURY REHABILITATION TRUST**

Company Number: **02863860**



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X5MG7IBV

Termination Details

Date of termination: **21/11/2016**

Name: **DR. JOCELYN CLAIRE ALICE FOSTER**

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.

