

## **Appointment of Director**

Company Name: ST CLARE WEST ESSEX HOSPICE CARE TRUST

Company Number: 03398955

Received for filing in Electronic Format on the: 18/06/2023

## **New Appointment Details**

Date of Appointment: 06/06/2023

MR MUNTAZIR HAJI Name:

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

Service address recorded as Company's registered office

Country/State Usually

**UNITED KINGDOM** 

Resident:

Date of Birth: \*\*/08/1975

Nationality: **BRITISH** 

Occupation: **ACCOUNTANT** 

## **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 |
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