



## **Appointment of Director**

# Company Name:HOSPICE AT HOME WEST CUMBRIACompany Number:04191126

Received for filing in Electronic Format on the: **13/12/2022** 

### New Appointment Details

Date of Appointment: 22/11/2022

Name: MS KERRY CHARTERS

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 **ENGLAND** Resident:

Date of Birth: \*\*/03/1980

Nationality: BRITISH

Occupation: PROCESS IMPROVEMENT MANAGER



XBISQGS1

#### **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