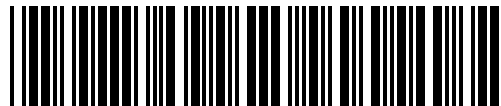




Appointment of Director

Company Name: **HOSPICE AT HOME WEST CUMBRIA**

Company Number: **04191126**



Received for filing in Electronic Format on the: **10/08/2023**

XC9L3HV6

New Appointment Details

Date of Appointment: **01/08/2023**

Name: **MS KATHRYN MCCLOGHRIE**

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 Resident: **ENGLAND**

Date of Birth: ****/05/1974**

Nationality: **BRITISH**

Occupation: **MANAGER**

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