Companies House
for the record

AP01 (ef)

Appointment of Director

XUHNMFVR

Company Name: **CAPITAL & COUNTY INSURANCE BROKERS LIMITED**

Company Number: **05303862**

Received for filing in Electronic Format on the: **17/12/2009**

New Appointment Details

Date of Appointment: **04/11/2009**
Name: **MR MICHAEL PETER REA**

Consented to Act: **YES**

Service Address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **19/02/1966** *Nationality:* **BRITISH**
Occupation: **INSURANCE BROKER**

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.