



## Appointment of Director

Company Name: **BLACKPOOL CARERS CENTRE LIMITED**

Company Number: **05633524**



Received for filing in Electronic Format on the: **22/11/2021**

XAHRNYH5

### New Appointment Details

Date of Appointment: **08/11/2021**

Name: **MISS SARAH LEIGHTON**

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

Service Address: **147 NEWTON DRIVE  
BLACKPOOL  
ENGLAND  
FY3 8LZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/10/1990**

Nationality: **BRITISH**

Occupation: **SOCIAL WORKER**

## **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**