

## **Appointment of Director**

Company Name: **DISABILITY INFORMATION BUREAU** 

Company Number: 06452443

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## **New Appointment Details**

Date of Appointment: 17/01/2023

**MS RUTH BROCKLEHURST** Name:

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

Service address recorded as Company's registered office

**ENGLAND** 

Country/State Usually

Resident:

Date of Birth:

\*\*/11/1954

Nationality: **BRITISH** 

Occupation: RETIRED

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