



## Change of Particulars for Director

Company Name: **THE FACULTY OF ASTROLOGICAL STUDIES**

Company Number: **07383335**



Received for filing in Electronic Format on the: **29/10/2018**

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### Details Prior to Change

Original name: **MS FRANCES CLYNES**

Date of Birth: **\*\*/10/1960**

### New Details

Date of Change: **29/10/2018**

New Name: **DR FRANCES CLYNES**

The usual residential address of this person has not changed

## **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