Companies House

AP01 (ef)

Appointment of Director

Company Name: **ACTION ON HEARING LOSS LIMITED**
Company Number: **07566245**

Received for filing in Electronic Format on the: **26/07/2018**

X7AZ3EAH

New Appointment Details

Date of Appointment: **26/07/2018**

Name: **MR MICHAEL CORNELIUS O'CONNOR**

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

Service Address: **1-3 HIGHBURY STATION ROAD**
LONDON
ENGLAND
N1 1SE

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1956**

Nationality: **BRITISH**

Occupation: **CHIEF EXECUTIVE**

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