Companies House

CH01 (ef)

Change of Particulars for Director

Company Name: **ALLIANCE MEDICAL INDEMNITY LIMITED**
Company Number: **07655729**

Received for filing in Electronic Format on the: **08/11/2019**

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Details Prior to Change

Original name: **ELIZABETH ANN COPSEY**

Date of Birth: ****/07/1953**

New Details

Date of Change: **08/11/2019**

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

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