



## Appointment of Director

Company Name: **BATH HINDU C.I.C.**

Company Number: **08496251**



Received for filing in Electronic Format on the: **20/12/2020**

**X9KBXBN6**

### **New Appointment Details**

Date of Appointment: **20/12/2020**

Name: **DR SHASHIKANT SHOLAPURKAR**

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

Service Address: **172 NEWBRIDGE ROAD  
BATH  
ENGLAND  
BA1 3LE**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/12/1960**

Nationality: **BRITISH**

Occupation: **DOCTOR**

## **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**