



Appointment of Director

Company Name: **THE CENTRE FOR HEALTH AND DISABILITY ASSESSMENTS LIMITED**

Company Number: **09072343**



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New Appointment Details

Date of Appointment: **12/06/2018**

Name: **MR JAMES FARREN**

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

Service Address: **22 ANGEL GATE ANGEL GATE
LONDON
ENGLAND
EC1V 2PT**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1967**

Nationality: **ENGLISH**

Occupation: **COMPANY DIRECTOR**

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