



## Appointment of Director

Company Name: **HANDBAG CLINIC LTD**

Company Number: **11552082**



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### New Appointment Details

Date of Appointment: **01/09/2021**

Name: **DR BEATRICE MADELEINE VALERIE LAFON**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/10/1959**

Nationality: **FRENCH**

Occupation: **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**