



Termination of a Director Appointment

Company Name: **BLIND CENTRE FOR NORTHERN IRELAND-THE**

Company Number: **NI020701**



Received for filing in Electronic Format on the: **06/11/2020**

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Termination Details

Date of termination: **16/10/2020**

Name: **DR HEATHER GILES**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Liquidator, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.