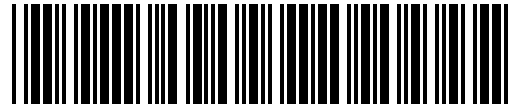




## Termination of a Director Appointment

Company Name: **INDEPENDENT HEALTH AND CARE PROVIDERS (NI)**

Company Number: **NI034416**



Received for filing in Electronic Format on the: **02/08/2023**

XC927FE1

### Termination Details

Date of termination: **11/05/2023**

Name: **MRS CAROL COUSINS**

### 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.