



## Termination of a Director Appointment

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

Company Number: **NI034416**



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### Termination Details

Date of termination: **18/05/2021**

Name: **MS JANET MONTGOMERY**

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### 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.