



Termination of a Director Appointment

Company Name: **NATIONAL BACK PAIN ASSOCIATION**

Company Number: **00936855**



Received for filing in Electronic Format on the: **21/10/2015**

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Termination Details

Date of termination: **31/12/2014**

Name: **MR THOMAS MICHAEL EMBER**

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.

