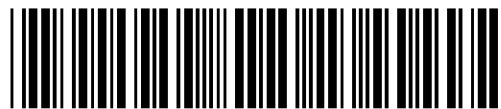




## Termination of a Director Appointment

Company Name: **ST. GILES HOSPICE**

Company Number: **01430090**



Received for filing in Electronic Format on the: **16/02/2021**

X9YGFPNN

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### Termination Details

Date of termination: **16/02/2021**

Name: **DR RASHI NEGI**

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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.