



## Appointment of Director

Company Name: **WIGAN AND LEIGH CARERS CENTRE**

Company Number: **07293521**



Received for filing in Electronic Format on the: **12/07/2019**

X89IF1U1

### **New Appointment Details**

Date of Appointment: **14/01/2019**

Name: **MR DAVID MICHAEL WEST**

The company confirms that the person named has consented to act as a director.

Service Address: **3-5 FREDERICK STREET  
HINDLEY  
WIGAN  
LANCASHIRE  
UNITED KINGDOM  
WN2 3BD**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/03/1956**

Nationality: **BRITISH**

Occupation: **TRUSTEE**

## **Authorisation**

### **Authenticated**

**This form was authorised by one of the following:**

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