



## Appointment of Director

Company Name: **CORNWALL PARTNERS IN CARE LIMITED**

Company Number: **07678220**



Received for filing in Electronic Format on the: **03/08/2023**

XC94ZJL6

### New Appointment Details

Date of Appointment: **03/07/2023**

Name: **MR DAVID FREW**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/10/1964**

Nationality: **BRITISH**

Occupation: **CARE PROVIDER**

## **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**