



Appointment of Director

Company Name: **EDUCARE FAMILY SUPPORT SERVICE C.I.C.**

Company Number: **08862304**



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New Appointment Details

Date of Appointment: **10/04/2021**

Name: **MISS LAKAYA SIPONONO TSHABALALA**

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

Service Address: **4 PETER JAMES BUSINESS CENTRE
PUMP LANE
HAYES
ENGLAND
UB3 3NT**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/2000**

Nationality: **BRITISH**

Occupation: **BUSINESS PERSON**

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