



## Appointment of Director

Company Name: **THE EAST LANCASHIRE HOSPICE SHOPS LIMITED**

Company Number: **04660703**



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### New Appointment Details

Date of Appointment: **17/10/2023**

Name: **MR STEVE ALMOND**

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

Service Address: **THE EAST LANCASHIRE HOSPICE PARK LEE ROAD  
BLACKBURN  
LANCASHIRE  
UNITED KINGDOM  
BB2 3NY**

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

Date of Birth: **\*\*/03/1963**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **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**