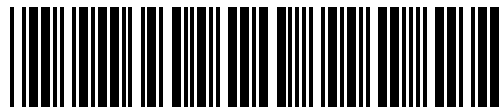




Appointment of Director

Company Name: **AGED BLIND AND DISABLED CENTRE (BACUP) CHARITABLE TRUST**

Company Number: **04887190**



Received for filing in Electronic Format on the: **05/01/2022**

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New Appointment Details

Date of Appointment: **04/01/2022**

Name: **MR PETER DUNN**

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

Service Address: **APARTMENT 8, HIGHER REEDLEY ROAD
NELSON
LANCASHIRE
ENGLAND
BB9 5EH**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/12/1961**

Nationality: **BRITISH**

Occupation: **GENERAL MANAGER**

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