



## Termination of a Director Appointment

Company Name: **CHANGE SCHOOLS PARTNERSHIP**

Company Number: **08182064**



Received for filing in Electronic Format on the: **04/03/2020**

X904LAX7

---

### Termination Details

Date of termination: **04/03/2020**

Name: **MRS ALISON ANN FIALA**

---

### **Authorisation**

Authenticated

This form was authorised by one of the following:

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