



**Appointment of Director**

Company Name: **SOMERSET BRIDGE INSURANCE SERVICES LIMITED**

Company Number: **06334001**



Received for filing in Electronic Format on the: **09/01/2020**

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## **New Appointment Details**

Date of Appointment: **01/01/2020**

Name: **CHRISTINE PAULA OLDRIDGE**

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: **\*\*/06/1966**

Nationality: **BRITISH**

Occupation: **COMPANY SECRETARY/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