



## Termination of a Director Appointment

Company Name: **YOUTH HOSTEL ASSOCIATION OF NORTHERN IRELAND LIMITED**

Company Number: **NI001147**



Received for filing in Electronic Format on the: **20/11/2019**

X8IMI45M

---

### Termination Details

Date of termination: **19/11/2019**

Name: **MR LYLE ENGLISH**

---

### **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.