



**Appointment of Director**

Company Name: **THE MEDICAL PROTECTION SOCIETY LIMITED**

Company Number: **00036142**



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## **New Appointment Details**

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

Name: **DR GOZIE OFFIAH**

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

Service Address: **LEVEL 19 THE SHARD LONDON BRIDGE STREET  
LONDON  
ENGLAND  
SE1 9SG**

Country/State Usually Resident: **IRELAND**

Date of Birth: **\*\*/05/1978**

Nationality: **IRISH**

Occupation: **DOCTOR**

## **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**