



Appointment of Director

Company Name: **MUSCULAR DYSTROPHY GROUP OF GREAT BRITAIN AND NORTHERN IRELAND**

Company Number: **00705357**



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New Appointment Details

Date of Appointment: **07/10/2021**

Name: **PROF DEIDRE KELLY**

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: ****/02/1950**

Nationality: **BRITISH**

Occupation: **MEDICAL PRACTITIONER**

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