



Appointment of Director

Company Name: **MICROBIOLOGY SOCIETY**

Company Number: **01039582**



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New Appointment Details

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

Name: **DR STEPHEN SMITH**

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

Service Address: **DEPT OF CLINICAL MICROBIOLOGY - TRINITY COLLEGE.
TRINITY CENTRE FOR HEALTH SCIENCES
ST JAMES'S HOSPITAL
DUBLIN
IRELAND
D08 W9RT**

Country/State Usually Resident: **IRELAND**

Date of Birth: ****/04/1966**

Nationality: **IRISH**

Occupation: **ASSOCIATE PROFESSOR CLINICAL MICROBIOLOGY**

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