



Appointment of Director

Company Name: **MICROBIOLOGY SOCIETY**

Company Number: **01039582**



Received for filing in Electronic Format on the: **10/04/2019**

X8341D7V

New Appointment Details

Date of Appointment: **01/01/2019**

Name: **PROFESSOR CHARLES DORMAN**

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

Service Address: **DEPARTMENT OF MICROBIOLOGY MOYNE INSTITUTE OF
PREVENTIVE MEDICINE
TRINITY COLLEGE DUBLIN
DUBLIN 2
IRELAND**

Country/State Usually
Resident: **IRELAND**

Date of Birth: ****/12/1958**

Nationality: **IRISH**

Occupation: **PROFESSOR**

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