



## Appointment of Director

Company Name: **THE HOSPICE OF THE VALLEYS**

Company Number: **02007005**



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### New Appointment Details

Date of Appointment: **22/06/2021**

Name: **MS NINA HOLMES**

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

Service Address: **15 CLOS GWAITH DUR  
EBBW VALE  
WALES  
NP23 6EP**

Country/State Usually Resident: **WALES**

Date of Birth: **\*\*/09/1996**

Nationality: **BRITISH**

Occupation: **SOLICITOR**

## **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**