



Appointment of Director

Company Name: **SURGICAL RESEARCH SOCIETY**

Company Number: **02767055**



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New Appointment Details

Date of Appointment: **30/03/2021**

Name: **PROFESSOR MICHAEL NICHOLSON**

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

Service Address: **UNIVERSITY OF CAMBRIDGE ADDENBROOKES
HOSPITAL
HILLS ROAD
CAMBRIDGE
ENGLAND
CB2 0QQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/11/1958**

Nationality: **BRITISH**

Occupation: **SURGEON**

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