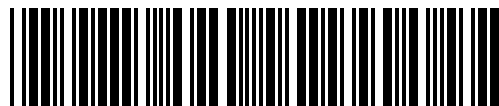




Appointment of Director

Company Name: **AXONICS WOMEN'S HEALTH LIMITED**

Company Number: **03145216**



Received for filing in Electronic Format on the: **11/10/2023**

XCDWLO5U

New Appointment Details

Date of Appointment: **02/10/2023**

Name: **KARI KEESE**

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

Service Address: **26 TECHNOLOGY DRIVE
IRVINE
CA 92618
UNITED STATES**

Country/State Usually Resident: **UNITED STATES**

Date of Birth: ****/10/1984**

Nationality: **AMERICAN**

Occupation: **CHIEF FINANCIAL OFFICER**

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