



Appointment of Director

Company Name: **WIGMORE MEDICAL LIMITED**

Company Number: **03310740**



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New Appointment Details

Date of Appointment: **14/05/2018**

Name: **KASPAR HAGOP KASPARIAN**

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

Service Address: **10 NORTHUMBERLAND AVENUE
WELLING
KENT
UNITED KINGDOM
DA16 2QN**

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

Date of Birth: ****/12/1967**

Nationality: **BRITISH**

Occupation: **ACCOUNTANT**

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