



Appointment of Director

Company Name: **COMMUNITY HEALTH PARTNERSHIPS LIMITED**

Company Number: **04220587**



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XB5U670Q

New Appointment Details

Date of Appointment: **06/06/2022**

Name: **MR BEN MASTERSON**

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

Service Address: **QUARRY HOUSE 2ND FLOOR, SOUTH EAST
QUARRY HILL
LEEDS
ENGLAND
LS2 7UE**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/12/1964**

Nationality: **BRITISH**

Occupation: **CIVIL SERVANT**

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