



Appointment of Director

Company Name: **Capital Hospitals (Issuer) Plc**

Company Number: **05462494**



Received for filing in Electronic Format on the: **14/02/2019**

X7Z9P3BJ

New Appointment Details

Date of Appointment: **07/02/2019**

Name: **NILS ULF HENRIK NOREHN**

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

Service Address: **MAPLE CROSS HOUSE DENHAM WAY
MAPLE CROSS
RICKMANSWORTH
UNITED KINGDOM
WD3 9SW**

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

Date of Birth: ****/06/1955**

Nationality: **SWEDISH**

Occupation: **DIRECTOR**

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