



Appointment of Director

Company Name: **FORTH HEALTH LIMITED**

Company Number: **05986479**



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New Appointment Details

Date of Appointment: **30/04/2019**

Name: **MISS KIRSTY O'BRIEN**

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

Service Address: **WELKEN HOUSE 10-11 CHARTERHOUSE SQUARE
LONDON
UNITED KINGDOM
EC1M 6EH**

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/10/1982**

Nationality: **BRITISH**

Occupation: **OPERATIONS MANAGER**

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