



**Appointment of Director**



X6LMLQK9

*Company Name:* **VIVOPLEX MEDICAL LIMITED**

*Company Number:* **06939964**

*Received for filing in Electronic Format on the:* **19/12/2017**

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*New Appointment Details*

*Date of Appointment:* **28/11/2017**

*Name:* **DR YING CHING CHEONG**

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

*Service Address:* **TIDEWATERS ELING HILL  
ELING  
HAMPSHIRE  
UNITED KINGDOM  
SO40 9HF**

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

*Date of Birth:* **\*\*/05/1972**

*Nationality:* **SINGAPOREAN**

*Occupation:* **DOCTOR**

## *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.