



Companies House

AP01 (ef)

Appointment of Director



X4KY4DRN

Company Name: **WEST END MEDICAL PRACTICE LIMITED**

Company Number: **07019235**

Received for filing in Electronic Format on the: **25/11/2015**

New Appointment Details

Date of Appointment: **25/11/2015**

Name: **MR JAMAL CHOCHAN**

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

Service Address recorded as Company's registered office

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/05/1989**

Nationality: **BRITISH**

Occupation: **CO DIRECTOR**

Former Names:

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.