



**Appointment of Director**

Company Name: **Wise Payments Limited**

Company Number: **07209813**



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## **New Appointment Details**

Date of Appointment: **15/06/2023**

Name: **SHARON ANNE KEANE**

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

Service Address: **30 W. 26TH ST, SIXTH FLOOR  
NEW YORK  
NEW YORK  
UNITED STATES  
NY 10010**

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

Date of Birth: **\*\*/11/1980**

Nationality: **BRITISH**

Occupation: **NONE**

## **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**