



## Appointment of Director

Company Name: **IPERSONAL PHYSIOTHERAPY LTD**

Company Number: **11918397**



Received for filing in Electronic Format on the: **05/06/2020**

X96LJXTE

### **New Appointment Details**

Date of Appointment: **01/04/2020**

Name: **MR RUBEN FILIPE DA SILVA FERREIRA**

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

Service Address: **11 NORTH STREET  
EASTBOURNE  
EAST SUSSEX  
UNITED KINGDOM  
BN21 3HG**

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

Date of Birth: **\*\*/03/1992**

Nationality: **PORTUGUESE**

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**