



Appointment of Director

Company Name: **NATIONAL ASSOCIATION OF PRIMARY CARE LIMITED**

Company Number: **11973226**



Received for filing in Electronic Format on the: **10/10/2021**

XAESJ6P5

New Appointment Details

Date of Appointment: **22/09/2021**

Name: **DR ASHWANI PESHEN**

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: ****/09/1973**

Nationality: **BRITISH**

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