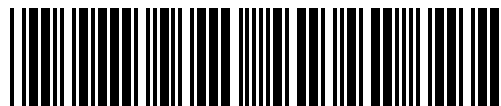




Appointment of Director

Company Name: **HOLISTIC PHYSIOTHERAPY LTD**

Company Number: **14227577**



Received for filing in Electronic Format on the: **17/08/2023**

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New Appointment Details

Date of Appointment: **08/08/2023**

Name: **MRS NUALA THORNTON**

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

Service Address: **DEPT 2 43 OWSTON ROAD
CARCROFT
DONCASTER
SOUTH YORKSHIRE
UNITED KINGDOM
DN6 8DA**

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

Date of Birth: ****/08/1967**

Nationality: **BRITISH**

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