



Appointment of Director

Company Name: **BELFAST PRINT WORKSHOP**

Company Number: **NI032719**



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New Appointment Details

Date of Appointment: **18/07/2023**

Name: **MS JENNIFER PATRICIA BAILIE**

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

Service Address: **157 SOUTH PROMENADE
NEWCASTLE
NORTHERN IRELAND
BT33 0HA**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/07/1968**

Nationality: **NORTHERN IRISH**

Occupation: **RETIRED ORGANISATIONAL PSYCHOLOGIST**

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