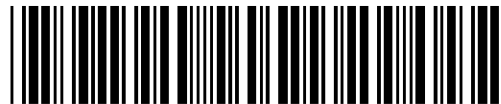




Appointment of Director

Company Name: **NORTHERN IRELAND COMMUNITY DEVELOPMENT HEALTH NETWORK LTD**

Company Number: **NI034114**



Received for filing in Electronic Format on the: **13/01/2020**

X8WL01Y2

New Appointment Details

Date of Appointment: **12/10/2019**

Name: **MR PAUL BRAITHWAITE**

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: **NORTHERN IRELAND**

Date of Birth: ****/11/1978**

Nationality: **IRISH**

Occupation: **CHARITY WORKER**

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