



**Appointment of Member of a  
Limited Liability Partnership (LLP)**

LLP name in full: **NORTH WALES ORTHOPAEDICS AND HEALTH LLP**

LLP Number: **OC429595**



AAFR3BWXX

Received for filing on the: **23/10/2021**

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## **New Appointment Details**

Date of Appointment: **21/05/2021**

Name: **OSAMA AWEID**

The Limited Liability Partnership (LLP) confirms that the person named has consented to act as a designated member.

Appointment is for a Member

Service Address recorded as LLP's registered office

Country/State Usually **ENGLAND**  
Resident:

Date of Birth: **\*\*/12/1983**

## **Authorisation**

**Authenticated**

**This form was authorised by one of the following:**

**Designated member, Judicial Factor.**