



## Appointment of Director

Company Name: **CLIFTONVILLE BOWLING CLUB, LIMITED**

Company Number: **R0000144**



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**X9GMF96H**

### **New Appointment Details**

Date of Appointment: **01/01/2020**

Name: **MR CAMPBELL PORTER**

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

Service Address: **3 CAMPBELL CHASE  
BELFAST  
NORTHERN IRELAND  
BT4 3PE**

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

Date of Birth: **\*\*/02/1965**

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**