



## Appointment of Director

Company Name: **LISTER INSTITUTE OF PREVENTIVE MEDICINE(THE)**

Company Number: **00034479**



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**X7E6TAS8**

### **New Appointment Details**

Date of Appointment: **07/09/2018**

Name: **PROFESSOR DAME PAMELA JEAN SHAW**

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

Service Address: **UNIVERSITY OF SHEFFIELD SHEFFIELD INST FOR  
TRANSLATIONAL NEUROSCIENCE  
385 GLOSSOP ROAD  
SHEFFIELD  
ENGLAND  
S10 2HQ**

Country/State Usually  
Resident: **ENGLAND**

Date of Birth: **\*\*/04/1955**

Nationality: **BRITISH**

Occupation: **UNIVERSITY PROFESSOR**

## **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**