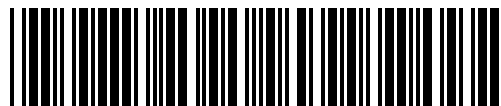




## Appointment of Director

Company Name: **NORTHWICK PARK INSTITUTE FOR MEDICAL RESEARCH**

Company Number: **03445616**



Received for filing in Electronic Format on the: **01/11/2023**

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### New Appointment Details

Date of Appointment: **01/11/2023**

Name: **DR VASILIKI KIPAROGLOU**

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: **ENGLAND**

Date of Birth: **\*\*/02/1981**

Nationality: **GREEK,BRITISH**

Occupation: **CHIEF EXECUTIVE**

## **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**