



Appointment of Director

Company Name: **ACTIVE MEDICAL PRODUCTS LIMITED**

Company Number: **09513432**



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New Appointment Details

Date of Appointment: **09/06/2021**

Name: **MR MICHEL ANDREW BRUTUS**

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

Service Address: **FORET NOIRE P.O. BOX 1136
VICTORIA
MAHE
SEYCHELLES**

Country/State Usually Resident: **SEYCHELLES**

Date of Birth: ****/09/1976**

Nationality: **CITIZEN OF SEYCHELLES**

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