



Appointment of Director

Company Name: **FESTIVAL OF FOOLS LTD**

Company Number: **NI058177**



Received for filing in Electronic Format on the: **30/04/2020**

X943AI6P

New Appointment Details

Date of Appointment: **19/11/2019**

Name: **MR CIARAN TRAYNOR**

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

Service Address: **43 ARDENLEE PARADE
BELFAST
NORTHERN IRELAND
BT6 0AL**

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

Date of Birth: ****/07/1965**

Nationality: **IRISH**

Occupation: **SOCIAL WORKER**

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