



Appointment of Director

Company Name: **THE NATIONAL INSTITUTE OF MEDICAL HERBALISTS**

Company Number: **00044483**



Received for filing in Electronic Format on the: **18/05/2023**

XC3RC1AH

New Appointment Details

Date of Appointment: **09/05/2023**

Name: **MS KAMALDEEP KAUR SIDHU**

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: ****/02/1985**

Nationality: **BRITISH**

Occupation: **MEDICAL HERBALIST**

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