



Appointment of Director

Company Name: **SHEFFIELD THEATRES TRUST**

Company Number: **00932254**



Received for filing in Electronic Format on the: **28/05/2021**

XA5FM71K

New Appointment Details

Date of Appointment: **13/05/2021**

Name: **MS KIRSTEN AMANDA MAJOR**

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

Service Address: **CHIEF EXECUTIVE OFFICE NORTHERN GENERAL
HOSPITAL
GROUND FLOOR CLOCK TOWER
SHEFFIELD
ENGLAND
S5 7AU**

Country/State Usually
Resident: **ENGLAND**

Date of Birth: ****/02/1972**

Nationality: **SCOTTISH**

Occupation: **CEO, SHEFFIELD TEACHING HOSPITALS NHS TRUST**

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