



Appointment of Director

Company Name: **THE INSTITUTE OF MAXILLOFACIAL PROSTHETISTS AND TECHNOLOGISTS**

Company Number: **02334615**



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New Appointment Details

Date of Appointment: **22/07/2020**

Name: **MS KAREN JEAN BOYD**

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: **SCOTLAND**

Date of Birth: ****/04/1976**

Nationality: **BRITISH**

Occupation: **MAXILIO FACIAL TECHNICIAN**

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