Companies House

AP01 (ef)

Appointment of Director

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

Company Number: **02334615**

Received for filing in Electronic Format on the: **07/10/2020**

X9F52KWO

New Appointment Details

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

Name: **MS PARAMJIT KAUR**

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: ****/08/1979**

Nationality: **BRITISH**

Occupation: **MAXILOFACIAL 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