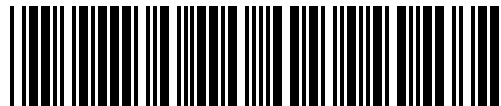




## Appointment of Director

Company Name: **EUROPEAN PRESSURE ULCER ADVISORY PANEL CHARITY**

Company Number: **03438264**



Received for filing in Electronic Format on the: **10/01/2024**

XCUEJ1NT

### New Appointment Details

Date of Appointment: **14/09/2023**

Name: **MS ULRIKA KALLMAN**

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 **SWEDEN**

Resident:

Date of Birth: **\*\*/08/1969**

Nationality: **SWEDISH**

Occupation: **RESEARCH AND DEVELOPMENT MANAGER**

## **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**