



## Appointment of Director

Company Name: **BRIDGES CENTRE**

Company Number: **03853667**



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### New Appointment Details

Date of Appointment: **02/08/2022**

Name: **DR CATRIN MYFANWY MABY**

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

Service Address: **DRYBRIDGE HOUSE DRYBRIDGE PARK  
MONMOUTH  
WALES  
NP25 5AS**

Country/State Usually Resident: **WALES**

Date of Birth: **\*\*/02/1957**

Nationality: **BRITISH**

Occupation: **COUNTY COUNCILLOR**

## **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**