



Appointment of Director

Company Name: **NEWPORT ORTHODONTICS LIMITED**

Company Number: **07203883**



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New Appointment Details

Date of Appointment: **21/12/2021**

Name: **DR SARAH MERRETT**

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

Service Address: **OLD FARMHOUSE MATHERN
CHEPSTOW
WALES
NP16 6HY**

Country/State Usually Resident: **WALES**

Date of Birth: ****/10/1976**

Nationality: **WELSH**

Occupation: **ORTHODONTIST**

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