

## **Appointment of Director**

Company Name: **UNITED PATIENTS ALLIANCE LTD** 

Company Number: 10188176

Received for filing in Electronic Format on the: 27/01/2023

## **New Appointment Details**

Date of Appointment: 27/01/2023

MR KIERON JOHN REEVES Name:

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: \*\*/06/1984

Nationality: **ENGLISH** 

Occupation: **PLASTERER** 

| This form was authorised by one of the following:<br>Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, | Authorisation   |
|--|---|
| Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver,  | 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 |
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