



# **Appointment of Director**

### Company Name: **POWELL MEDICAL CONSULTANCY LIMITED** Company Number: **12116703**

Received for filing in Electronic Format on the: **04/09/2022** 

## New Appointment Details

Date of Appointment: 25/08/2022

Name: FREYA POWELL

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<br/>Resident:UNITED KINGDOMDate of Birth:\*\*/09/2004Nationality:ENGLISHOccupation:DIRECTOR



## **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