

## **Appointment of Director**

Company Name: AWARE DEFEAT DEPRESSION

Company Number: NI030447

Received for filing in Electronic Format on the: 29/09/2023

## **New Appointment Details**

Date of Appointment: 27/09/2023

**MS ALEXANDRA MURDOCK** 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:

**NORTHERN IRELAND** 

Date of Birth: \*\*/06/1992

Nationality: **NORTHERN IRISH** 

Occupation: **EVENTS & CAMPAIGNS OFFICER** 

## **Authorisation**

	Authorisation
Authenticated	
This form was authorised by one of the	e following:
Director, Secretary, Person Authorised, Administrator, Administrative Receiver, Receiver, Receiver manager, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor	