



Companies House

AP01 (ef)

Appointment of Director



X69ECHHN

Company Name: **INDEPENDENT HEALTH AND CARE PROVIDERS (NI)**

Company Number: **NI034416**

Received for filing in Electronic Format on the: **26/06/2017**

New Appointment Details

Date of Appointment: **10/05/2017**

Name: **MR JOHN PAUL WATSON**

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

Service Address: **MOVILLA HOUSE BERKSHIRE ROAD
NEWTOWNARDS
NORTHERN IRELAND
BT23 7HH**

Country/State Usually Resident: **NORTHERN IRELAND**

Date of Birth: ****/05/1969**

Nationality: **IRISH**

Occupation: **CARE HOME/DOMICILIARY OPERATOR**

Former Names:

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.