



Appointment of Director

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

Company Number: **NI034416**



Received for filing in Electronic Format on the: **02/08/2023**

XC927KXD

New Appointment Details

Date of Appointment: **11/05/2023**

Name: **MISS CAROL COUSINS**

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

Service Address: **26 CRUMLIN ROAD
BALLINDERRY UPPER
LISBURN
NORTHERN IRELAND
BT28 2JX**

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

Date of Birth: ****/11/1962**

Nationality: **BRITISH**

Occupation: **COMPANY 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