



## Appointment of Director

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

Company Number: **NI034416**



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### New Appointment Details

Date of Appointment: **18/05/2021**

Name: **THOMAS ALAN EDWIN KERR**

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: **\*\*/03/1965**

Nationality: **NORTHERN IRISH**

Occupation: **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**