



Appointment of Director

Company Name: **ST. JOHN AMBULANCE (N.I.)**

Company Number: **NI039213**



Received for filing in Electronic Format on the: **03/10/2023**

XCDDW8MW

New Appointment Details

Date of Appointment: **01/10/2023**

Name: **DR SHEELAGH HILLAN**

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

Service Address: **2 NEILLSBROOK ROAD
RANDALSTOWN
ANTRIM
NORTHERN IRELAND
BT41 3AE**

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

Date of Birth: ****/11/1948**

Nationality: **BRITISH,IRISH**

Occupation: **RETIRED**

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