



Companies House

**AP01** (ef)

**Appointment of Director**



X63KL06P

*Company Name:* **FEDERATION OF FAMILY PRACTICES NORTH BELFAST C.I.C.**

*Company Number:* **NI628980**

*Received for filing in Electronic Format on the:* **03/04/2017**

---

*New Appointment Details*

*Date of Appointment:* **08/02/2017**

*Name:* **DR CARLA DEVLIN**

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

*Service Address:* **THE SURGERY 136-138 SHANKILL ROAD  
BELFAST  
ANTRIM  
NORTHERN IRELAND  
BT13 2BD**

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

*Date of Birth:* **\*\*/12/1982**

*Nationality:* **BRITISH**

*Occupation:* **GENERAL PRACTITIONER**

*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.