



Appointment of Director

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

Company Number: **NI628980**



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New Appointment Details

Date of Appointment: **05/01/2021**

Name: **DR NAOIMH WHITE**

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

Service Address: **ANTRIM ROAD MEDICAL CENTRE 515 ANTRIM ROAD
BELFAST
NORTHERN IRELAND
BT15 3BS**

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

Date of Birth: ****/09/1975**

Nationality: **IRISH**

Occupation: **GENERAL PRACTITIONER**

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