



Appointment of Director

Company Name: **NORTHERN IRELAND CHEST, HEART & STROKE**

Company Number: **NI018889**



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New Appointment Details

Date of Appointment: **23/09/2019**

Name: **DR CAROL WILSON**

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

Service Address: **16 CLEAVER PARK
BELFAST
NORTHERN IRELAND
BT9 5HX**

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

Date of Birth: ****/12/1955**

Nationality: **BRITISH**

Occupation: **CARDIOLOGIST**

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