



Companies House

**AP01** (ef)

**Appointment of Director**



X497VZBN

*Company Name:* **SURVIVORS OF TRAUMA LIMITED**

*Company Number:* **NI033133**

*Received for filing in Electronic Format on the:* **09/06/2015**

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*New Appointment Details*

*Date of Appointment:* **27/05/2015**

*Name:* **MS CLAIRE THERESA MEEK**

*Consented to Act:* **YES**

*Service Address:* **151 CLIFTONVILLE ROAD  
BELFAST  
NORTHERN IRELAND  
BT14 6JR**

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

*Date of Birth:* **01/10/1968**

*Nationality:* **IRISH**

*Occupation:* **UNEMPLOYED**

*Former Names:*

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## *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.