



Appointment of Director

Company Name: **FEDERATION OF FAMILY PRACTICES NEWRY AND DISTRICT C.I.C.**

Company Number: **NI628908**



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XC4PWXOR

New Appointment Details

Date of Appointment: **24/05/2023**

Name: **DR CHERYL GROVES**

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

Service Address: **UNIT 1 DERRYBOY ROAD
CARNBANE BUSINESS PARK
NEWRY
NORTHERN IRELAND
BT35 6QH**

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

Date of Birth: ****/01/1978**

Nationality: **BRITISH**

Occupation: **MEDICAL DOCTOR**

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