



Appointment of Director

Company Name: **HOSPICE AFRICA LIMITED**

Company Number: **02835469**



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XC44PJKQ

New Appointment Details

Date of Appointment: **09/01/2023**

Name: **DR. CATHERINE ELIZABETH MERRIMAN**

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

Service Address: **2 EVERSLOT ROAD
LONDON
ENGLAND
N4 3BB**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/09/1995**

Nationality: **BRITISH**

Occupation: **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