



## Appointment of Director

Company Name: **ORTHOPAEDIC PROFESSIONAL SERVICES LIMITED**

Company Number: **05801012**



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### New Appointment Details

Date of Appointment: **12/04/2023**

Name: **FARZANA RAHMAN**

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

Service Address: **47 BLOSSOMFIELD ROAD  
SOLIHULL  
WEST MIDLANDS  
UNITED KINGDOM  
B91 1NB**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **\*\*/07/1952**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

## **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**