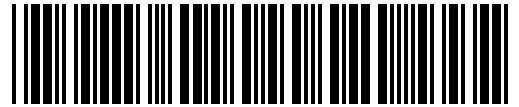




Appointment of Director

Company Name: **HOLLINSWOOD MEDICAL LTD**

Company Number: **12795680**



Received for filing in Electronic Format on the: **31/03/2023**

XC0HI4WB

New Appointment Details

Date of Appointment: **31/03/2023**

Name: **MRS MALA MISHRA**

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

Service Address: **HOLLINSWOOD SURGERY DOWNMEAD
TELFORD
SHROPSHIRE
ENGLAND
TF3 2EW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1959**

Nationality: **BRITISH**

Occupation: **PRACTICE MANAGER**

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