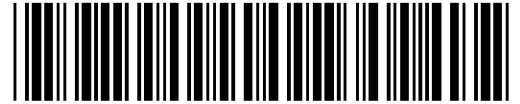




Appointment of Director

Company Name: **FORMBY POOL TRUST**

Company Number: **04479074**



Received for filing in Electronic Format on the: **11/07/2019**

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## New Appointment Details

Date of Appointment: **24/06/2019**

Name: **MRS NINA SAMANTHA KILLEN**

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

Service Address: **10 SOUTHPORT ROAD  
FORMBY  
LIVERPOOL  
ENGLAND  
L37 7EW**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/07/1977**

Nationality: **BRITISH**

Occupation: **COUNCILLOR**

## 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