



Appointment of Director

Company Name: **BELFAST HEALTHY CITIES PROJECT LIMITED**

Company Number: **NI031042**



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New Appointment Details

Date of Appointment: **22/03/2022**

Name: **PROFESSOR JAMES ALEXANDER IAN MONTGOMERY**

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

Service Address: **BELFAST CAMPUS YORK STREET
BELFAST
NORTHERN IRELAND
BT15 1ED**

Former Names: **IAN**

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

Date of Birth: ****/03/1965**

Nationality: **BRITISH**

Occupation: **PROFESSOR**

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