



Companies House

**AP01** (ef)

**Appointment of Director**



X43KOE36

*Company Name:* **THE NATIONAL INSTITUTE OF MEDICAL HERBALISTS**

*Company Number:* **00044483**

*Received for filing in Electronic Format on the:* **20/03/2015**

---

*New Appointment Details*

*Date of Appointment:* **05/03/2015**

*Name:* **MRS LAURA CARPENTER**

*Consented to Act:* **YES**

*Service Address recorded as Company's registered office*

*Country/State Usually Resident:* **WALES**

*Date of Birth:* **25/10/1983**

*Nationality:* **BRITISH**

*Occupation:* **MEDICAL HERBALIST**

*Former Names:*

---

## *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.