



Appointment of Director

Company Name: **Skillplace Training Limited**

Company Number: **02196803**



Received for filing in Electronic Format on the: **10/02/2021**

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New Appointment Details

Date of Appointment: **01/02/2021**

Name: **MR COLIN BROWN**

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

Service Address: **THE POINT, 8TH FLOOR 37 NORTH WHARF ROAD
LONDON
ENGLAND
W2 1AF**

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

Date of Birth: ****/02/1968**

Nationality: **BRITISH**

Occupation: **ACCOUNTANT**

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