



Appointment of Director

Company Name: **TROPICAL HEALTH AND EDUCATION TRUST**

Company Number: **05708871**



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New Appointment Details

Date of Appointment: **28/06/2018**

Name: **MS JANICE BARBER BARBER**

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

Service Address: **45 CALDERVALE ROAD
LONDON
ENGLAND
SW4 9LY**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/06/1954**

Nationality: **BRITISH**

Occupation: **-**

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