



Appointment of Director

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

Company Number: **05708871**



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XAXHAHZL

New Appointment Details

Date of Appointment: **01/01/2022**

Name: **MS VALERIE ELIZABETH MARY FLEMING**

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

Service address recorded as Company's registered office

Country/State Usually Resident: **SCOTLAND**

Date of Birth: ****/01/1956**

Nationality: **BRITISH,NEW ZEALANDER**

Occupation: **UNIVERSITY 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