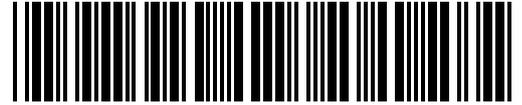




**Appointment of Director**

Company Name: **SHIRELAND COLLEGIATE ACADEMY TRUST**

Company Number: **06336693**



Received for filing in Electronic Format on the: **06/12/2021**

XAIQMTJT

## **New Appointment Details**

Date of Appointment: **30/11/2021**

Name: **MR ROBERT PAUL TILL**

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

Service Address: **24 HAYCOP RISE  
BROSELEY  
ENGLAND  
TF12 5LQ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/10/1978**

Nationality: **BRITISH**

Occupation: **GENERAL MANAGER INTERGRATED AND EMERGENCY CARE**

## **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**