



Appointment of Director

Company Name: **ARDEN FOREST C OF E MULTI ACADEMY TRUST**

Company Number: **08248830**



A7BVBZND

Received for filing on the: **08/08/2018**

New Appointment Details

Date of Appointment: **01/03/2018**

Name: **NICHOLAS PETER MOON**

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

Service Address: **ROSE COTTAGE PERRYMILL LANE
SAMBOURNE
REDDITCH
WARMS
UNITED KINGDOM
B96 6PD**

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

Date of Birth: ****/01/1960**

Nationality: **BRITISH**

Occupation: **PROPERTY MANAGEMENT, DIRECTOR OF THE HAND CLINIC**

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