



Companies House

AP01 (ef)

Appointment of Director



X5M5BNHF

Company Name: **DEVON AMBULANCE AND FIRST AID SERVICES CIC**

Company Number: **08953219**

Received for filing in Electronic Format on the: **19/12/2016**

New Appointment Details

Date of Appointment: **19/12/2016**

Name: **MR CRAIG DAVID PHILLIPS**

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

Service Address: **THE COLIN SULLY CENTRE, SOUTH DEVON RAILWAY DART BRIDGE ROAD
BUCKFASTLEIGH
ENGLAND
TQ11 0DZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/08/1986**

Nationality: **BRITISH**

Occupation: **HEALTHCARE ASSISTANT**

Former Names:

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.