



## Appointment of Director

Company Name: **CORPORATE ACCOUNTABILITY NETWORK LIMITED**

Company Number: **11791864**



A85LJ99L

Received for filing on the: **16/05/2019**

### **New Appointment Details**

Date of Appointment: **01/05/2019**

Name: **PROFESSOR ADAM DAVID LEAVER**

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

Service Address: **33 KINGSLEY WALK  
ELY  
CAMBRIDGESHIRE  
CB6 3BZ**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/01/1973**

Nationality: **BRITISH**

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