



**Appointment of Director**

Company Name: **I-TRUST EDUCATION**

Company Number: **07559439**



Received for filing in Electronic Format on the: **10/05/2018**

X75MWBI2

## **New Appointment Details**

Date of Appointment: **01/05/2018**

Name: **MR JOHN MICHAEL CRAVEN**

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: **ENGLAND**

Date of Birth: **\*\*/10/1976**

Nationality: **BRITISH**

Occupation: **POSTAL WORKER**

## 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