



Appointment of Director

Company Name: **THE MEDICAL PROTECTION SOCIETY LIMITED**

Company Number: **00036142**



Received for filing in Electronic Format on the: **03/09/2019**

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## New Appointment Details

Date of Appointment: **01/09/2019**

Name: **DR SUZANNAH CLAIRE LISHMAN**

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

Service Address: **CHURCH WING COUR D'HONNEUR  
BURLEY  
OAKHAM  
ENGLAND  
LE15 7FH**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **\*\*/12/1967**

Nationality: **BRITISH**

Occupation: **HOSPITAL DOCTOR**

## 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