



**Appointment of Director**

Company Name: **PROFESSIONAL MEDICAL AMBULANCE SERVICES LIMITED**

Company Number: **10758819**



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## **New Appointment Details**

Date of Appointment: **01/04/2021**

Name: **MR DAVID JAMES STUART DAWKES-HALL**

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: **\*\*/04/1995**

Nationality: **BRITISH**

Occupation: **OPERATIONS DIRECTOR**

## **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**