



Appointment of Director

Company Name: **NEW COLLABORATIVE LEARNING TRUST**

Company Number: **09257194**



Received for filing in Electronic Format on the: **12/07/2019**

X89KTOVM

New Appointment Details

Date of Appointment: **03/07/2019**

Name: **MR PETER THOMPSON**

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

Service Address: **NEW COLLEGE PONTEFRACT PARK LANE
PONTEFRACT
ENGLAND
WF8 4QR**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/01/1958**

Nationality: **BRITISH**

Occupation: **DIRECTOR OF OPERATIONS**

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