



Appointment of Director

Company Name: **SOLENT LOCAL ENTERPRISE PARTNERSHIP LIMITED**

Company Number: **07569938**



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New Appointment Details

Date of Appointment: **01/10/2019**

Name: **PROFESSOR GRAHAM HAROLD GALBRAITH**

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

Service Address: **UNIVERSITY OF PORTSMOUTH, UNIVERSITY HOUSE
WINSTON CHURCHILL AVENUE
PORTSMOUTH
ENGLAND
PO1 2UP**

Country/State Usually Resident: **ENGLAND**

Date of Birth: ****/10/1960**

Nationality: **BRITISH**

Occupation: **HIGHER EDUCATION**

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