



**Notice of Individual Person  
with Significant Control**

Company Name: **UNIVERSITY OF WOLVERHAMPTON MULTI ACADEMY TRUST**  
Company Number: **08255492**



Received for filing in Electronic Format on the: **18/12/2020**

X9K6OIFU

## Notification Details

Date that person became **18/12/2020**  
registrable:

Name: **MR GEOFF LAYER**

Service Address: **UNIVERSITY OF WOLVERHAMPTON WULFRUNA STREET  
WOLVERHAMPTON  
ENGLAND  
WV1 1LY**

Country/State Usually  
Resident: **WALES**

Date of Birth: **\*\*/10/1955**

Nationality: **BRITISH**

## **Nature of control**

The person has the right to exercise, or actually exercises, significant influence or control over the company.

The person has the right to exercise, or actually exercises, significant influence or control over the activities of a trust, and the trustees of that trust (in their capacity as such) have the right to exercise, or actually exercise, significant influence or control over the company.

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## **Register entry date**

Register entry date      **18/12/2020**

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## **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